

Florida State Information Packet 2023-2025 / Cindy Addison, State Regent

Laura Johnson, Chair 3942 Demery Drive West, Jacksonville, FL 32259-1915 Phone 904-962-5488 Email: laura.darscholarships.com	Local Chapter: Sallie Harrison Chapter, NSDAR Judy Gresham, Chapter DAR Scholarship Committee Chair 407-473-1816 or judygresham@yahoo.com
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Florida State Society DAR Scholarship Application Checklist

Applicants must be citizens of the United States and Florida residents who are graduating high school seniors at the time of the application. All pertinent papers must be included with the completed application. Do not staple! Use this checklist to ensure that you have included all necessary papers, signatures, and copies.

APPLICATION CHECKLIST

Include **four (4) copies** (one original and 3 photocopies) of each of the following:

1. **Application and Financial Need Form**. All dollar (\$) questions must be answered. Form must be signed by parents or guardian, plus an officer or scholarship chairman of the sponsoring DAR chapter. (If necessary, the State Scholarship Chairman can assist in finding a local chapter.)
2. **Letter from applicant** to the Scholarship Committee setting forth the applicant’s career objectives.
3. **List of extra-curricular activities, honors received, scholastic achievements, and other significant accomplishments**. (No more than two (2) pages.)
4. **Two (2) signed letters of recommendation**; one may come from a teacher, minister, or employer. None from a relative. Letters should be no more than one (1) page in length.

Please include **one (1) copy** of the following:

5. A copy of the applicant’s **birth certificate or naturalization papers**.
6. A 3.6 gpa is required. Provide an official **high school transcript indicating current GPA**.
7. Proof of acceptance or college/university student ID at the intended college or university.

DEADLINE: April 15, 2024 Schools or scholarship applicants should contact the scholarship chair, Judy Gresham, at 407-473-1816 or judygresham@yahoo.com to coordinate a pickup or dropoff date and time. This will ensure there is enough time for the chapter to write a cover letter of endorsement and mail the entire packet to the State Scholarship Committee, postmarked on or before May 1. Winners will be notified by July 1.

Florida State Society DAR Scholarship Application and Financial Need Form

Applicant’s Name: _____

Address: _____

City/State/Zip+4: _____

Social Security Number: _____ Phone: _____ Email: _____

Name of Personal Responsible for the Applicant’s Support: _____ and that

individual’s signature: _____

Father/Guardian Occupation: _____ Annual Income \$ _____

Mother/Guardian Occupation: _____ Annual Income \$ _____

Applicant’s Occupation: _____ Annual Income \$ _____

Spouse's Occupation: _____ Annual Income \$ _____

Total Family Income \$ _____

Applicant's Annual Contribution toward Education \$ _____

Applicant list of other income (i.e. loans, scholarships, etc) \$ _____

Number and Ages of Children in Family _____

Number of Children in College Other Than Applicant _____

Planned Course of Study _____ High School Graduation Year _____

Estimated College Costs: Tuition \$ _____ Room and Board \$ _____

Transportation \$ _____ Books and Supplies \$ _____ Total \$ _____

To be completed by the local chapter:

Sponsoring DAR Chapter _____

Chapter Officer's Signature _____