

Florida State Society DAR Scholarship Application Check List
and
Re-Awards Application Check List

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 CHECK LIST

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 each.

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

5. A copy of the applicant's **birth certificate or naturalization papers**.
6. An official **high school transcript indicating current GPA**.
7. Proof of acceptance or college/university student ID at the **intended college or university**.

Additional requirements:

- Graduate students must send proof of acceptance into graduate school.
- Students must advise this State Chairman of changes in status (e.g., change in school or address).

DEADLINE: The application should be delivered or mailed to the Chapter Regent or Chapter Scholarship Chairman no later than April 15th. This will ensure there is enough time for them to write a cover letter of endorsement and mail the entire packet to the State Scholarship Committee, postmarked on or before May 1st. Winners will be notified by July 1st.

RE-AWARDS APPLICATION CHECK LIST

To be considered for a Florida State Scholarship Re-Award, students must have a GPA of 3.6 or higher.

The following should be mailed to the State Scholarship Chairman:

1. A **letter from the student** requesting a Re-Award and the name of the sponsoring DAR chapter.
2. One (1) **signed letter of recommendation** from a teacher, counselor, or employer.
3. One (1) copy of an **official school transcript** of current grades.
4. An **update of activities and achievements since the previous DAR award**.
5. **Current mailing address, phone number, email address, and social security number**.
6. The **mailing address for the university or college**.

DEADLINE: Must be postmarked by no later than May 1, 2025. Winners will be notified by July 1st.

Chapter Officer's Signature: _____ Date: _____

Florida State Society DAR Scholarship Application and Financial Need Form

Applicant's Name _____

Address _____

City/State/Zip+4 _____

Social Security _____ Phone _____ Email _____

Person Responsible for Applicant's Support _____

Signature _____

Father's Occupation _____ Annual Income \$ _____

Mother's Occupation _____ Annual Income \$ _____

Applicant's Occupation _____ Annual Income \$ _____

Spouse's Occupation _____ Annual Income \$ _____

Total Family Annual Income \$ _____

Applicant's Annual Contribution toward Education \$ _____

Applicant list other income i.e. loans, scholarship \$ _____

Number and Ages of Children in Family _____

Number of Children in College Other Than Applicant _____

Planned Course of Study _____ Graduation Year _____

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

Transportation \$ _____ Books and Supplies \$ _____ TOTAL \$ _____

Sponsoring DAR Chapter (required) _____

Chapter Officer's Signature (required) _____

Florida State Information Packet 2025-2027 | Kim Zeman, State Regent
Nyssa Masters, Chair
12714 N Oakleaf Ave, Tampa, FL 33612-3951
Phone: (813) 335-5737 Email: nyssa.dar@gmail.com

Sallie Harrison Chapter, NSDAR
Judy Gresham, Chapter DAR Scholarship Committee Chair
407-473-1816 or judygresham@yahoo.com

Florida State DAR Scholarship Application and Financial Need Form
for
Florida DAR Member Continuing Education or Child/Grandchild of Florida DAR Member

Applicant's Name _____

Address _____

City/State/Zip+4 _____

Social Security _____ Phone _____ Email _____

DAR National # _____ Florida DAR Chapter _____

DAR Mother/Grandmother _____ DAR National # _____

Person(s) Responsible for Applicant's Support _____

Signature _____

Father's Occupation _____ Annual Income \$ _____

Mother's Occupation _____ Annual Income \$ _____

Spouse's Occupation _____ Annual Income \$ _____

Total Family Income \$ _____

Applicant's Annual Contribution toward Education \$ _____

Applicant's other income i.e. loans, scholarships \$ _____

Number and Ages of Children in Family _____

Number of Children in College Other than Applicant _____

Name and Address of College _____

Planned Course of Study _____ Graduation Year _____

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

Transportation \$ _____ Books and Supplies \$ _____ TOTAL: \$ _____

Sponsoring DAR Chapter (required) _____

Chapter Officer's Signature (required) _____ Date _____

Nyssa Masters, Chair
12714 N Oakleaf Ave, Tampa, FL 33612-3951
Phone: (813) 335-5737 Email: nyssa.dar@gmail.com

Sallie Harrison Chapter, NSDAR
Judy Gresham, Chapter DAR Scholarship Committee Chair
407-473-1816 or judygresham@yahoo.com

Florida State Society DAR Scholarship Application and Financial Need Form

Janet Ryan Memorial Nursing Scholarship—This scholarship award is given to a Florida resident student entering or enrolled in an accredited nursing program.

Applicant's Name _____

Address _____

City/State/Zip+4 _____

Social Security _____ Phone _____ Email _____

Person Responsible for Applicant's Support _____

Signature _____

Father's Occupation _____ Annual Income \$ _____

Mother's Occupation _____ Annual Income \$ _____

Applicant's Occupation _____ Annual Income \$ _____

Spouse's Occupation _____ Annual Income \$ _____

Total Family Annual Income \$ _____

Applicant's Annual Contribution toward Education \$ _____

Applicant list other income i.e. loans, scholarship \$ _____

Number and Ages of Children in Family _____

Number of Children in College Other Than Applicant _____

Planned Course of Study _____ Graduation Year _____

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

Transportation \$ _____ Books and Supplies \$ _____ TOTAL \$ _____

Sponsoring DAR Chapter (required) _____

Chapter Officer's Signature (required) _____