



Illinois Daughters of the American Revolution Scholarship Application

Student Name _____

Permanent Address _____

_____ Zipcode _____

Telephone _____ E-mail _____

High School from which you will graduate _____ When? _____

High School Address _____

Your cumulative Grade Point Average (GPA/Scale) _____

Your Class Rank _____ Class Size _____ ACT Score _____ SAT Score _____

Illinois College or university you will attend _____

In which area do you plan to study? _____ Are you an American citizen? _____

ELIGIBILITY: Applicant must have completed at least the first semester of their senior year of high school. The student must be sponsored by a local by a local DAR chapter. They must attend an Illinois college or university. This scholarship is determined without regard to race, religion, sex or national origin.

INSTRUCTIONS: All required forms and items below must be submitted to the State Scholarship Chairman by 1 February 2010. **DO NOT SUBMIT A PHOTOGRAPH**

The following must be submitted:

1. Letter from sponsoring DAR Chapter
2. Scholarship application - this form
3. Financial need form with statement summarizing family's obligations & resources illustrating need for financial assistance
4. Certified transcript of your high school grades
5. Two letters of recommendation (not from a relative)
6. Personal biography (limited to 400 words)
7. List of extracurricular activities, honors and awards with significant accomplishments and high school jobs.

SEND THE ABOVE COMPLETED DOCUMENTS TO:

B.A.Church, IL State DAR Scholarship Chairman
2321 W. Belwyn Avenue
Chicago IL 60625-1120

This application must be signed by the sponsoring DAR Chapter Regent or Scholarship Chair

Sponsored by _____ Chapter, District _____

Signature _____ Title _____ Date _____

ILLINOIS STATE SCHOLARSHIP FINANCIAL NEED FORM
CONFIDENTIAL

Father or Guardian:
Name _____ Age _____

Address _____
_____ Phone _____

Employer _____

Position _____

Years employed _____

Annual income _____

Other sources of income (interest, dividends, savings, etc)

Financial obligations/ aid (loans, credit cards, etc.)

Mother or Guardian:
Name _____ Age _____

Address _____
_____ Phone _____

Employer _____

Position _____

Years employed _____

Annual income _____

Other sources of income (interest, dividends, savings, etc)

Financial obligations/ aid (loans, credit cards, etc.)

List names, ages and current school status of **ALL** dependents:

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Student Applicant: _____

College you plan to attend _____

Estimated costs: Tuition (annual) _____ Room & Board _____
Books & supplies _____ Other Costs (specify) _____
Total school cost for one year \$ _____

What will student applicant contribute financially toward college or university education? (savings, job, etc.)
\$ _____

List sources of the above amount (brief summary of applicant's work, types of jobs, etc.) List pertinent information that will be helpful to the scholarship committee _____

Parent/Guardian shall prepare a statement summarizing the family's obligation and resources. The statement needs to illustrate the applicant's need for financial assistance. Use another sheet to provide this information and attach.

WE attest that all the information in this application and attachments are a true and accurate record.

Signature of Father/Guardian _____ Signature of Mother/Guardian _____

Signature of Student Applicant _____ Date _____