MISSOURI STATE SOCIETY DAUGHTERS OF THE AMERICAN REVOLUTION

MSSDAR SCHOLARSHIP COMMITTEE – Carol T. Pitts, Chairman

12624 E. 75th St., Kansas City, MO 64138-5211 \*Email jerryrpitts@earthlink.net

2014 MSSDAR SCHOLARSHIP APPLICATION

Name of Student\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Permanent Address City State Zip Code Telephone #

Circle Scholarship for which you are applying: MSSDAR, Irene and Leeta Wagy, Dorothy Poikert

Class Rank/Class size\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cumulative GPA/Scale\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

High School Students only

Test Scores\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_SAT\_\_\_\_\_\_ ACT\_\_\_\_\_\_\_\_\_\_Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of chapter contact person: Marjorie Miller\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5 Wright Court Montgomery City Missouri 63361-5321

Address City State Zip Code

Instruction: The application package must be complete and compiled in the order described below. All original transcripts, letters of recommendation and other required documents must be received by the State Chairman by January 1, 2014, in a single package as described. If your school requires that any documents be sent to another person, the applicant must arrange for the sponsoring chapter to receive the documents and the chapter will then forward them with the application in one package, to the state chairman before the deadline. Applications and statements must be typewritten. All scholarships are judged and awarded without regard to gender (except Irene and Leeta Wagy—females only), race, color, religion, national origin or disability.

Scholarships MUST be used within one year of award or it will be forfeited.

1. LETTER FROM SPONSORING CHAPTER.

2. Applicant must prepare a statement of 600 words or less explaining his/her career goals,

specifying how their major or proposed major related to future professional goals, and reasons for these choices.

3. Original transcript of high school grades. Original high school transcript must indicate

class rank/class size and test scores, unless home schooled. Home-schooled student

should include grade transcript for grade 9 through current year.

4. List on one side of 81/2 x 11” paper: extra-curricular activities, scholastic achievements,

honors or other notable accomplishments.

5. Letters of recommendation from at least four persons in authority from the high school

the applicant now attends who are familiar with the applicant’s work. Letter may include

the applicant’s ability, work habits, integrity, character, potential and volunteer activities

6. Applications package should be stapled or paper clipped on the top, left hand corner.

7. It is the responsibility of the applicant to give the correct and complete address for the

college/university department to receive and credit the scholarship funds awarded.

8. Photocopy of United States Citizenship: photocopy of birth certificate, naturalization

papers or information pages of U.S Passport.

In order for the state chairman to acknowledge the receipt of your application you must

include self-addressed, stamped postcard. ONLY THE WINNER is notified of the judges decision. At this time, applicants notified of a pending scholarship award will be required to submit their social security number. \*\*\*\*\*note: this scholarship application is based on the NSDAR Scholarship application.

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*MSSDAR SCHOLARSSHIP COMMITTEE—Carol T. Pitts Chairman*

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*FINANCIAL NEED FORM\**

*FATHER OR GUARDIAN MOTHER*

*Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Employer\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Employer\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Position\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Position\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*AnnuaI Income\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Annual Income $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Other sources of income or financialaid:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Ages of dependent children (note those who may be attending college at the same time as applicant)\_\_\_\_*

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*The parent/guardian shall prepare a statement summarizing the family’s obligations and resources.The statement needs to illustrate the applicant’s need for financial assistance.*

*Statement follows:*

*I attest to all information in this application and all attachments are a true and accurate record:*

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Signature of Father or Guardian Signature of Mother Signature of Applicant*

*\*\*\*\*Note: same as NSDAR Financial need form*

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