



Massachusetts Daughters of the American Revolution, Inc.

SCHOLARSHIP COMMITTEE - Jean Silva, Chairman

66 Beaver Brook Road, Westford, MA 01886 E-mail: Jeansi@comcast.net

MDAR 2019 SCHOLARSHIP APPLICATION and FINANCIAL NEED FORM

(Non-married students independent of parents substitute self in place of mother/father at top of form and in statement section below. Married students substitute spouse/self in place of mother/father and so indicate.)

Name of Applicant: _____ Telephone Number: _____

Address: _____

Email: _____ High School: _____

The objective of the Massachusetts Daughters of the American Revolution, Inc. Scholarship is to assist worthy young men and women, who are graduating high school seniors, to acquire higher education in colleges, commercial, technical and professional education institutions with a view of becoming competent, self-reliant productive citizens.

- An applicant for this Scholarship must be a resident of Massachusetts.
- The applicant must be a member of the senior class of a secondary school in Massachusetts and be scholastically at or above a 3.0 GPA. He or she must have been accepted, or plan to attend an institution of higher learning.
- Applications must be made on this official Massachusetts Daughters of the American Revolution, Inc. Scholarship Application and Financial Need form.

This application must be accompanied by:

1. Official Signed Transcript of Grades including **SAT scores** and listing students GPA.
2. Written References - Two letters of reference, one written by a professional from your high school, a second written by a person **not associated** with your school.
3. List of offices and positions of leadership held in class and school organizations.
4. List of honors and awards received in school.
5. List of participation in extra-curricular activities.
6. List of out of school activities, offices held and awards.
7. List of positions held in gainful employment, periods of employment, hours per week, weekly earnings, etc.
8. A student statement of not more than **300 words** stating his/her goals and objectives for the future, and reasons for seeking further education.
9. Provide proof of Massachusetts residency.
10. A Free Application for Federal Student Aid (FAFSA) is required for this scholarship.
11. Make sure all required signatures have been affixed.
12. Be sure that all information is complete. Incomplete applications will not be considered.
13. DEADLINE: All applications must be submitted as a single package postmarked on or before **February 10**.
14. Only the winners will be notified.

Colleges applied to in order of preference. (Please indicate acceptance to date)

FATHER OR GUARDIAN

MOTHER

Name _____

Name _____

Address _____

Address _____

Employer _____

Employer _____

Position: _____

Position _____

Annual Income \$ _____

Annual Income \$ _____

Other sources of income or financial aid: _____

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:

Have you applied/received other scholarships? Please list:

TOTAL ESTIMATED EXPENSES OF FRESHMAN YEAR

1st College Choice _____ 2nd College Choice _____

I attest that all information in this application and all attachments are true and accurate records:

Signature of Father or Guardian _____ Date _____

Signature of Mother _____ Date _____

Signature of Applicant _____ Date _____