

Massachusetts Daughters of the American Revolution, Inc.

SCHOLARSHIP COMMITTEE – Jean Silva, Chairman

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

Massachusetts Daughters of the American Revolution, Inc. 2024 SCHOLARSHIP

This scholarship is funded by an account of funds accumulated by the Massachusetts Daughters of the American Revolution (MDAR) over many years. These funds are managed through the MDAR Scholarship finance committee. The amount of the award for this scholarship is based on the actual income from the fund as the principal must be preserved. Actual income in increments of \$1,000 will be made available for scholarships each year. The actual amount and number of scholarships to be presented will be determined annually by the MDAR Scholarship Committee. Any amounts above even \$1,000 amounts will be left in the fund and added to the principal.

While chapter sponsorship is not required a chapter or state chairman may work with the student to put the information together to send to the MDAR State Scholarship Chairman. The state chairman and chapters should follow the instructions carefully on the application form to determine if the applicant meets the criteria of the scholarship.

Please note the following:

- The MDAR State Scholarship Chairman must receive the **complete application and all attachments** postmarked on or before **February 1**. Do not send separate mailings for the same application. **Incomplete applications or applications with missing attachments will be disqualified.**
- The MDAR Scholarship Committee is responsible for selecting the recipient(s) of this scholarship. In selecting the recipient(s) the committee shall be guided by the eligibility criteria set forth in the Term Sheet.
- The MDAR Scholarship Committee will make the selection annually by March 15.
- Students are notified of their scholarships by the Massachusetts Daughters of the American Revolution on or before May 1. Only winners will be notified.

Note: The MDAR Scholarship Committee processes only the Massachusetts Daughters of the American Revolution, Inc. Scholarship. Find information regarding other National NSDAR scholarships on the NSDAR web page.

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MDAR 2024 SCHOLARSHIP APPLICATION/FINANCIAL NEED FORM

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 **weighted 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 the following:

1. ___ Official signed **Transcript** of grades listing students **weighted GPA**.
2. ___ **SAT/ACT** official scores (Optional)
3. ___ Written References - Two letters of references. No references written by family members.
1st: by a professional **from your high school**.
2nd by a person **not associated with your school**.
4. ___ A resume not to exceed two pages which includes your extra-curricular activities, honors/awards received, scholastic achievements, leadership positions, volunteer service, and if applicable your work experience.
Your name must appear on the top of your resume
5. ___ A student statement of **not more than 300 words** which includes:
*Goals and Objectives for your future.
*Greatest Accomplishment that has impacted your life.
*Inspiration for choosing your field of study.
*Personal interest you are most proud of.
6. ___ Provide proof of Massachusetts residency (Example: License, Permit, Mass ID, Bank Statement)
7. ___ Provide proof of **a completed** Free Application for Federal Student Aid (**FAFSA**)
8. ___ Check to make sure all required signatures have been affixed.
9. ___ Be sure that all information is complete and attached. Incomplete applications will not be considered.
10. ___ **DEADLINE**: All applications must be submitted as a single package **postmarked** on or before **February 1**.
11. ___ Only the winners will be notified.

Incomplete Applications and or missing documents will automatically disqualify applicant.

MDAR 2024 SCHOLARSHIP APPLICATION/FINANCIAL NEED FORM

Name of Applicant: _____ Telephone Number: _____

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

- 1. _____ 2. _____
- 3. _____ 4. _____
- 5. _____ 6. _____

EXPENSES OF FRESHMAN YEAR TOTAL ESTIMATED: 1st College Choice \$ _____

Have you applied/received other scholarships? Please list:

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

FATHER OR GUARDIAN

Name _____
Address _____
Employer _____
Position: _____
Annual Net Income \$ _____

MOTHER

Name _____
Address _____
Employer _____
Position _____
Annual Net Income \$ _____

If Applicable - **STUDENT** Net Income: \$ _____ Employer: _____

Other sources of income or financial aid: _____

Ages of dependent children (note those who will be attending college if applicable at the same time as applicant):

The parent/guardian may prepare and attach a one paragraph statement summarizing the family's obligations and resources. The statement needs to illustrate the applicant's need for financial assistance.

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 _____