KSDAR SCHOLARSHIP APPLICATION FORM

Name in full: _____ Telephone_____

                Last   First   Middle

Date of birth: _____ Email Address _____

Permanent Address: _____

                Street   City   State   Zip

Name of Parent(s) or Guardian(s) _____

Name and Address of High School_____

Graduation Date: _____ Class Rank:_____ Class Size: _____

Name of College You Plan to Attend: _____

Address of College: _____

Date of Enrollment: _____ Field Major: _____

Name of Sponsoring DAR Chapter and Regent: _____

Address, Phone of Chapter Regent:_____

School Activities and Honors

_____

_____

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STATEMENT OF APPLICANT: I have completed the application in full and have provided all of the required documentation. I pledge that the application is accurate and all information truthful, and that I am applying for financial assistance to further my education.

Signed:_____ Date: _____

Entire application packet must be **RECEIVED** by February 1, 2022.
Email to: Anne Seitz, KSDAR Scholarship Chair   anneseitz980@yahoo.com