



School Counselor,

The school year is underway again and hopefully your year is off to a good start. Once again Ardmore Chapter Daughters of the American Revolution would like to invite your school to participate in the Oklahoma State Scholarship program.

In 2017 at the state level there were six \$2,000 scholarships awarded and two of those were given to local students in this region. At the local level Ardmore Chapter awarded two \$500 scholarships. I believe the same number of scholarships will be available for school year 2018. Because there are not many applications the chances of being selected are much better than many better known scholarship programs.

Attached are the forms and rules for entering.

Please feel free to contact me with any questions. All materials must be returned by **January 31, 2018** to Lorna Holloway, 1712 Downing Street, Ardmore, Oklahoma 73401.

Sincerely,

Lorna Holloway DAR

Ardmore Chapter Scholarship Chairman

580-226-3386 okbill@cableone.net

# OSDAR Scholarship Application Forms

Oklahoma Society Daughters of the American Revolution  
Marilynn H. Spence, State Scholarship Chairman  
431782 East 210 Road, Vinita, OK 74301-6416  
918-256-2059/spencefarm@junct.com

Student must have attended an Oklahoma college or university for the fall ~~2017~~<sup>2017</sup> semester

1. Name in full: \_\_\_\_\_
2. Permanent address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_  
E-mail: \_\_\_\_\_
3. Name and address of university or college you are now attending:  
\_\_\_\_\_  
\_\_\_\_\_
4. Applicant must prepare a statement of one page or less setting forth his/her career objectives, specifying how college major or college plans relate to future professional goals.
5. On a separate sheet, list extra-curricular activities, honors received, scholastic achievements, awards won and other significant accomplishments.
6. Enclose two **dated** letters of recommendation from persons familiar with your school work.
7. One copy of an ORIGINAL college transcript from the fall ~~2017~~<sup>2017</sup> semester in a sealed envelope from the College or University Registrar's office must be attached.
8. Furnish a copy of ACT or SAT scores if available.
9. High school seniors concurrently enrolled in college or university classes must also furnish a high school transcript in addition to the college or university transcript.
10. Sponsoring DAR Chapter: Ardmore  
Chapter Scholarship Chairman's Name: Larna Holloway  
Address of Chapter Chairman: 1712 Downing Street, Ardmore  
Phone: 580-226-3386 73401  
Email: okbill@cableone.net

## Financial Need Form

Non-married applicants who are independent of parents should substitute their financial information in place of mother. Married students should substitute spouse in place of father and indicate by circling "Spouse".

**If you prefer that only the Scholarship Chairman and Judges have access to your financial information below, please submit this page in a sealed envelope marked Financial Need Form.**

Father's or Guardian's name  
Give name of Spouse if applicant is married

Mother's name  
Name of Applicant if living independently

Name \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

Employer \_\_\_\_\_

Employer \_\_\_\_\_

Position \_\_\_\_\_

Position \_\_\_\_\_

Annual Income \$ \_\_\_\_\_

Annual Income \$ \_\_\_\_\_

Other sources of income or financial aid: \_\_\_\_\_  
\_\_\_\_\_

Age of siblings still in home of parent or student's own dependent children (note those who may be attending college at the same time as applicant.) \_\_\_\_\_  
\_\_\_\_\_

Other scholarships applied for or already received \_\_\_\_\_  
\_\_\_\_\_

**Estimated costs:** Tuition fees for fall semester: Per hour cost \$ \_\_\_\_\_ Number of hours: \_\_\_\_\_

Room and Board per semester \$ \_\_\_\_\_  
(Note: include room and board expense only if living in University or College housing)

Books per semester \$ \_\_\_\_\_

Other relevant information regarding financial need  
\_\_\_\_\_  
\_\_\_\_\_

***I attest that all information is correct on this financial form.***

\_\_\_\_\_  
Signature of Father, Guardian or Spouse

\_\_\_\_\_  
Signature of Mother if applicable

\_\_\_\_\_  
Signature of Applicant

## Check List

If you answer NO to any of the following questions, your application is NOT ready for submission.

Applications MUST be submitted through a sponsoring DAR Chapter.

Do NOT mail to the State Chairman. The sponsoring DAR Chapter will forward all applications to the State Chairman.

Check off list:

- You have completed the Scholarship Application with a notary signature and seal/stamp.
- You have completed the Financial Need Form.
- You have provided a statement of educational and career objectives.
- You have provided a list of school, church, and community activities.
- You have included two (2) dated and signed letters of recommendation.
- You have included an official transcript for the fall ~~2018~~<sup>2017</sup> semester from the college or university you are currently attending. It must come to the State Chairman in the sealed envelope that was provided by your school's Registrar.
- You have submitted the application to the DAR Chapter Chairman listed in number 10 on the first page of the application form.

If you have obtained the application through your college or university and need the name of the local DAR Chapter and Chapter Scholarship Chairman, please contact Marilyn Spence at the phone number listed on the application form.

If you have answered yes to all the questions listed above, your application is ready for submission.

**Due Date is January 31, 2018**