



**Missouri DAR Veterans Scholarship, 2017-2018**  
**Missouri State Society Daughters of the American Revolution**  
**Scholarship: \$1,000.00**

**Contact:** Patsy West, State Chairman, 24 Willow Hill Rd., St. Louis, MO 63124-2055  
Phone: 314-503-3271 Email: [DAR@websitewiz.com](mailto:DAR@websitewiz.com)

## **Instructions for the Applicant**

The Missouri DAR Veteran's Scholarship has been established **for military veterans /guardsmen / reservists** to assist them in furthering their educational and career goals.

Applicants must meet all of the eligibility requirements listed below and submit the completed application postmarked no later than **February 1, 2018**.

For questions regarding the application, required documents, or the application process, please contact the state chairman, listed above. Payment of the scholarship will be made directly to the school upon proof of enrollment. The scholarship must be used within one year of the award or it is forfeited.

### **Eligibility Requirements:**

The applicant shall:

1. Have served in the US military or National Guard for a minimum of 90 days and have been honorably discharged.
2. Be a citizen of the United States of America and a resident of Missouri.
3. Have a high school diploma or GED. Text
4. Currently attend or plan to attend an accredited Missouri college or university ("**school**").

### **Application Requirements:**

1. A photocopy of **DD Form 214** showing the applicant has been honorably discharged, characterization of service, and reason for discharge.
2. Completed **Applicant Cover Sheet**.
3. A **resume** detailing military duty and awards, volunteer activities, community service, and employment during the past three years.
4. **Typed Essay** (up to 250 words) addressing the following topic:  
"**This award will help me achieve my career goal, which is \_\_\_\_\_.**"
5. **Two letters of recommendation** from non-relatives, who know the applicant well, and can speak to the character and ability of the applicant.

**Continue to Page 2, Applicant Cover Sheet ----- >**

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**Applicant Cover Sheet**

Name: \_\_\_\_\_  
 (First) (Middle) (Last)

Current Mailing Address: \_\_\_\_\_  
 (Street) (City) (State) ZIP

email: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Date of birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Social Security Number \_\_\_\_ - \_\_\_\_ - \_\_\_\_  
 (MM) (DD) (YYYY)

**Educational Institutions:**

High school graduation / GED date: (\_\_\_\_/\_\_\_\_)  
 MM YYYY

List all schools attended in the past three years:

Name of School	Location	Dates Attended	GPA
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Provide the following information about the school that will receive the scholarship funds:

Name of accredited Missouri college or university  
 \_\_\_\_\_

Date entering / entered school: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 (MM) (DD) (YYYY)

Intended major course of study: \_\_\_\_\_

Completed application must be postmarked no later than **February 1, 2018**, and include all required application materials. Incomplete applications will not be considered. Mail completed application to the state chairman at the above address.