

## Missouri State Society Daughters of the American Revolution

MSSDAR Scholarship Committee Chair scholarship@mssdar.org

The application must be completed and arranged in the order listed below. ALL original transcripts, letters of recommendation and other required documents MUST BE SENT TO THE STATE CHAIR POSTMARKED NO LATER THAN **JANUARY 1, 2025**, IN A SINGLE PACKAGE. PHOTOGRAPHS WILL RESULT IN DISQUALIFICATION AND SHOULD NOT BE INCLUDED. Scholarships are judged and awarded without regard to gender, race, color, religion, national origin or disability EXCEPT Irene and Leeta Wagy, which is for females only.

To acknowledge the receipt of your application, include a self-addressed stamped postcard with your application. ONLY WINNERS are notified of the judge's decision. At this time, applicants notified of the pending scholarship award will be required to submit their university identification number. Scholarship must be used within one year or forfeited.

[ ] Statement of 600 [ ] Original transcrip [ ] Must indicated cl through current year [ ] Four letters of re- teachers and one ou and volunteer activiti	o words or less setting of of high school grade ass rank, size, GPA a commendation from s tside source. Letter sl es.	and test scores. Home school chool now attending. One fro hould cover applicant's ability	es (typed).  ed students include transcript for g m a principal or school Counselor, , work habits, integrity, character,  chievements (one side of 8 1/2" by	, two potentia
[ ] Photocopy of Un Passport. Cov [ ] Financial Need F [ ] Application pack [ ] A separate application	er your photograph if orm: Not required, bu et must be stapled or cation packet must be	you are submitting a copy of it financial need is one eleme paper clipped in the top left h	and corner not to exceed 15 page nip (not just separate cover applica	S.
		APPLICATION		
	SHIP (Refer to Fact She		Dhana	
Name of Student		E-mail	Phone	
Permanent Address		City/State	Zip Code	
Class Rank/Class Si	ze	Cumulative GPA/Scale	Test Scores SAT/ACT	
Include complete a	ddress for the collec	ge/university department to	receive and credit any funds av	varded.
Name of college/univ	versity			
Department	Street Address	City/Sta	te Zip Code	
Name of sponsoring	DAR Chapter (if appl	icable) C	hapter Contact	