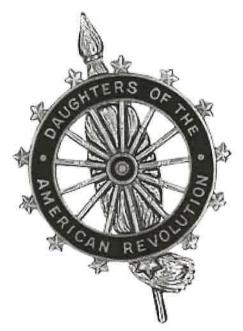
SCHOLARSHIP ANNOUNCEMENT

DATE POSTED: JANUARY 7TH, 2025



NATIONAL SOCIETY DAUGHTERS OF THE AMERICAN REVOLUTION SCHOLARSHIP INFORMATION

Please pick up a packet for the full application instructions. Be sure to include all of the items listed on the application in your application packet.

AMOUNT: \$1,000.00

APPLICATION SUBMISSION:

You can return your completed applications in to Mrs. Phipps in guidance,

DEADLINE: MARCH 10TH, 2025

Amelia Island Chapter National Society Daughters of the American Revolution

SCHOLARSHIP APPLICATION INSTRUCTIONS

1.	Submit the attached application materials to the school guidance office on or before Monday, March 10, 2025. Late applications will NOT be accepted.
	Scholarship Application Form (please handprint)
	Essay (typed, double-spaced) not to exceed one page
	Letters of Reference (2) on letterhead with signature: One from a <u>high school faculty</u> member and one from an <u>employer or community leader.</u>
	School-Certified Transcript accessed from school by you and reflecting a minimum 3.00 GPA
	SAT/ACT scores, if available
	DAR photo release – permission for minor student photo to appear in local newspapers
2.	The Scholarship recipient will be notified of our selection by phone, awarded a \$1,000 check at the recipient's High School Honors Program.
3.	Failure to comply with the above directions will automatically disqualify the applicant.



AMELIA ISLAND CHAPTER DAUGHTERS OF THE AMERICAN REVOLUTION SCHOLARSHIP APPLICATION FORM

The Scholarship is a thousand dollars awarded to a high school senior who will be attending a college or university. The Scholarship Committee will consider GPA, SAT or ACT scores, if available, extra-curricular or high school related activities, your personal essay, as well as community and work participation. Scholarships are awarded without regard to race, gender, or religion. If there is no qualified candidate for a school, the scholarship will not be awarded. Solicitation of members of the DAR organization will be cause for disqualification.

Name	Date	e of Birth
Address		
Your Phone	Your email	-
Parents/GuardiansNames		
Parents/Guardians Phone	Email	
Are you a United States Citizen? Yes No	_	
Where have you applied to college?		
Have you been accepted?_YesNo	Where?	
Estimated cost of college/school per year		
Scholarships% Savings% Stude	nt Loans% Own Earnin	gs% Other%
What is your field of interest?		
**Please write an essay not to exceed one do should tell about your career goals, with the	Park District was at their Name	
EXTRA CURRICULAR ACTIVITIES		
School/Club Activities	Years Involved	Offices Held/Awards
-		

Church/Civic Activities	Years Involved	Offices Held/Awards
Which activity has meant the mos	t to you and why?	
Employment:		
What do you consider the benefit	s of your employment?	
		- 11
Tell about other affiliations and in	terests:	
In my spare time I like to:		
		application. The winner from each owill be honored at Senior Awards Day
I certify that the information in th knowledge.	e attached Scholarship Application	is true and correct to the best of my
Student/Applicant (signature)		
Parent/Guardian (signature)		



National Society Daughters of the American Revolution

PHOTO/VIDEO RELEASE FORM

I, (please print full name neatly)				
hereby grant permission to the National Society Daughters of the American Revolution (NSDAR),				
including any of its chapters or state societies, to publish photos/images/videos including the name of				
my child in press releases and/or other materials either in print or electronic format for purposes deemed				
appropriate by the NSDAR.				
I am signing this release form with the knowledge that any photos/images/videos posted				
electronically and in press releases can be downloaded and reprinted by news organizations, individuals				
and others including print, electronic, and broadcast media, and I, therefore, release the NSDAR from				
any liability arising from use of my child's photos/images/videos in web postings.				
I further understand that if I wish to rescind this agreement, I may do so at any time by sending a				
letter to NSDAR. I further understand that already published photos/images/videos cannot be recalled.				
The requested rescission will take effect upon receipt of the notification.				
Name of minor child:				
(PRINT NAME)				
Signature: Date:				
NSDAR CONTACT INFORMATION				
Name of Contact:				
Phone No. () E-mail				