

ILLINOIS DAUGHTERS of the AMERICAN REVOLUTION 2025 GENERAL SCHOLARSHIP APPLICATION

<u>Please read the separate Instruction Sheet before completing this application.</u>

Name of Stude	nt		
Permanent Add	dress		
Telephone	Cell	Email	
High School fro	m which you will graduate		
High School add	dress		
Graduation mo	nth and year		
Your cumulativ	e Grade Point Average (GPA/Scale)	Your class rank	of class size
Your ACT score	Your SAT score		
Illinois college o	or university you will attend		
Your planned a	rea of study		
T T <u>C</u> All required for	Applicant must complete the first semester of they must be sponsored by a local Illinois DAR of they must attend an Illinois college or universithis scholarship is determined without regard to not submit a photograph. SI TIMES LISTED BELOW MUST BE SUBMITTED TO THE SUBMITTED T	chapter. ty. to race, religion, gender or nati <u>"UDENTS:</u> e local DAR Chapter for pre	onal origin.
STUDENTS SHA			
 The Illinois illustrating necessary f A certified f Two letters A personal 	rship application (this form). DAR Financial Need Form with separate so need for financial assistance; information for General Henry Dearborn American History and the second for General Henry Dearborn American History for formal for the second for the second formal f	regarding both parents mustory Scholarship application are not relatives.	st be included. [This form is not .]
A list of ext	· · · · · · · · · · · · · · · · · · ·	·	id High school jobs.
Scholarship ConSponsoring student wa	DAR olication selected for sponsorship, all requestion selected for sponsorship, all requestions are chairman by February 20, 2025. If DAR Chapter Regent or scholarship chairs a selected for sponsorship. DAR Chapter Regent or scholarship chairs	Please ensure all required d man must prepare a separat	locuments are enclosed. te letter indicating the reasons this
Sponsoring DAI	R Chapter		, District
Signature		Title/Office	

Email Completed Applications with Required Documents to: Sandy Heaton at ildarssh@gmail.com by January 31, 2025

ILLINOIS STATE SCHOLARSHIP FINANCIAL NEED FORM

Confidential

<u>Completion of this entire form is required with Illinois DAR General Scholarship Applications</u>

Father/Guardian	Mother			
Name	Name			
Address	Address			
Phone	Phone			
Employer	Employer			
Position	Position			
Years employed	Years employed			
Annual income	Annual income			
Other sources of income	Other sources of income			
Parents must prepare a separate statement su illustrate the applicant's need for financial assi	mmarizing the family's resources and obligations to istance.			

Applicant's college financing plans: Name of school you plan to	attend			
Estimated annual costs at that school: Tuition	Room and board			
Books and fees Other costs (specify)				
Total estimated annual cost of college				
What will the applicant contribute towards these costs?				
From what sources?				
We attest that all information in this application, financial nee are true and correct.	ed form and separate list of obligations and family financial summary			
Date:				
Signature of Father/Guardian				
Signature of Mother				
Signature of Applicant				