



**NEW YORK STATE DAR SCHOLARSHIP  
NEW YORK STATE ORGANIZATION, NSDAR**

**OBJECT**

The object of the New York State DAR Scholarship is to financially assist deserving high school seniors (male or female) in acquiring a higher education in a college or university in **NEW YORK STATE**.

**SCHOLARSHIP AMOUNT**

The expected amount of the award is \$2000.00 (\$500.00 each year for four years). **The amount may vary from year to year depending on funds available, since only the interest from the fund may be used.**

**CRITERIA**

1. A student in the upper fourth of the graduating class is to be selected by a committee consisting of the Principal, Guidance Counselor and English Department Head. If there is more than one high school in the area, each school may name only **ONE** student and the local DAR Chapter Scholarship Chairman will then select **ONE** student from all the applicants from the schools in her area. The Chapter Chairman submits only **ONE** entry per scholarship.
2. The applicant **MUST be a resident of New York State and a United States Citizen.**
3. The applicant **MUST plan to attend an accredited four year college or university IN NEW YORK STATE.**
4. In the event that the scholarship recipient does not complete his/her program or successfully acquires his/her degree in less than four years, the scholarship shall be terminated and the runner-up candidate for that year will be eligible to receive the balance of the scholarship.

**APPLICATION REQUIREMENTS**

**Each application must include the following**

- The completed application form.
- An official high school transcript.
- A letter of recommendation from a Principal, Guidance Counselor, or Academic Department Head.
- A goal statement from the applicant including educational plans and ultimate career objectives.
- A copy of the applicant's birth certificate or proof of naturalization.

**DO NOT SEND A PHOTO WITH THE APPLICATION.**

**Deadlines: Student Application to Chapter Scholarship Chairman by January 15th**

**Application and Cover Letter from Chapter to State Chairman by February 15th**

**SPONSORING CHAPTER CHAIRMAN CONTACT INFORMATION**

**Name:** Carolyn Oatman

**Address:** 6 Hawks View

**City, State, Zip:** Honeoye Falls, NY 14472

**Phone:** 585-624-5193 **E-mail:** h2obury@rochester.rr.com



**NEW YORK STATE DAR SCHOLARSHIP  
APPLICATION FORM**

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Telephone Number:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Birth Date:** \_\_\_\_\_ **Birthplace:** \_\_\_\_\_

**Number of Siblings:** \_\_\_\_\_ **Ages:** \_\_\_\_\_

**High School Name:** \_\_\_\_\_

**High School Address:** \_\_\_\_\_

**Name of Principal or Counselor:** \_\_\_\_\_

**Number in Graduating Class** \_\_\_\_\_ **Class Rank** \_\_\_\_\_ **GPA** \_\_\_\_\_

**SAT Score: Verbal** \_\_\_\_\_ **Math** \_\_\_\_\_ **ACT score (composite)** \_\_\_\_\_

**College or University in New York applicant plans to attend:** \_\_\_\_\_

**Tentative major:** \_\_\_\_\_

**On a separate sheet, please list extra-curricular activities, volunteer work, awards, and honors.**

**Sponsoring Chapter:** \_\_\_\_\_ Irondequoit Chapter

**Chapter Chairman:**

**Name:** \_\_\_\_\_ Carolyn Oatman

**Address:** \_\_\_\_\_ 6 Hawks View

**City, State, Zip:** \_\_\_\_\_ Honeoye Falls, NY 14472

**Phone:** \_\_\_\_\_ 585-624-5193

**Email:** \_\_\_\_\_ h2obury@rocheste.rr.com



## HELEN AND ARNOLD BARBEN SCHOLARSHIP NEW YORK STATE ORGANIZATION, NSDAR

### OBJECT

The object of the Helen and Arnold Barben Scholarship is to financially assist deserving young **WOMEN** in acquiring a higher education with a view to their becoming better prepared for life and citizenship.

### SCHOLARSHIP AMOUNT

The expected amount of the award is \$2,000. (\$500.00 each year for four years). **The amount may vary from year to year depending on funds available, since only the interest from the fund may be used.**

### CRITERIA

1. All **FEMALES** who have successfully completed their high school studies are eligible.
2. The applicant **MUST** be a resident of New York State and **have been born in the United States.**
3. The applicant **MUST** attend an accredited four year college or university.
4. In the event that the scholarship recipient should successfully acquire a college degree in less than four years and is continuing graduate studies, they may request the remainder of the award from the State Scholarship Chairman.
5. All applications must be received by the sponsoring Chapter Chairman by **JANUARY 15<sup>th</sup>.**
6. The sponsoring chapter may sponsor only **ONE** student.

### APPLICATION REQUIREMENTS

**Each application must include the following**

- The completed application form.
- An official high school transcript.
- A letter of recommendation from a Principal, Guidance Counselor, or Academic Department Head.
- A goal statement from the applicant including educational plans and ultimate career objectives.
- A copy of the applicant's birth certificate.

**DO NOT SEND A PHOTO WITH THE APPLICATION.**

**Deadlines: Student Application to Chapter Scholarship Chairman by January 15th**

**Application and Cover Letter from Chapter to State Chairman by February 15th**

### SPONSORING CHAPTER CHAIRMAN CONTACT INFORMATION

**Name:** Carolyn Oatman

**Address:** 6 Hawks View

**City, State, Zip:** Honeoye Falls, NY 14472

**Phone:** 585-624-5193 **E-mail:** h2obury@rochester.rr.com



**HELEN AND ARNOLD BARBEN SCHOLARSHIP  
APPLICATION FORM**

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Telephone Number:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Birth Date:** \_\_\_\_\_ **Birthplace:** \_\_\_\_\_

**Number of Siblings:** \_\_\_\_\_ **Ages:** \_\_\_\_\_

**High School Name:** \_\_\_\_\_

**High School Address:** \_\_\_\_\_

**Name of Principal or Counselor:** \_\_\_\_\_

**Number in Graduating Class** \_\_\_\_\_ **Class Rank** \_\_\_\_\_ **GPA** \_\_\_\_\_

**SAT Score: Verbal** \_\_\_\_\_ **Math** \_\_\_\_\_ **ACT score (composite)** \_\_\_\_\_

**College or University applicant plans to attend:** \_\_\_\_\_

**Tentative major:** \_\_\_\_\_

**On a separate sheet, please list extra-curricular activities, volunteer work, awards, and honors.**

**Sponsoring Chapter:** Irondequoit Chapter

**Chapter Chairman:**

**Name:** Carolyn Oatman

**Address:** 6 Hawks View

**City, State, Zip:** Honeoye Falls, NY 14472

**Phone:** 585-624-5193

**Email:** h2obury@rochester.rr.com



**DAMARIS SMITH DESIMONE SCHOLARSHIP  
NEW YORK STATE ORGANIZATION, NSDAR**

**OBJECT**

The object of the Damaris Smith DeSimone Scholarship is to financially assist deserving young people in acquiring a higher education in United States History with a view to becoming better prepared for life and citizenship.

**SCHOLARSHIP AMOUNT**

The expected amount of the scholarship is a one-time award of \$1,000. **The amount may vary from year to year depending on funds available, since only the interest from the fund may be used.**

**CRITERIA**

1. All high school seniors planning to major in **United States History** are eligible.
2. The applicant **MUST** be a resident of New York State.
3. The applicant **MUST** attend an accredited four year college or university in the United States.
4. All applications must be received by the sponsoring Chapter Chairman by **JANUARY 15<sup>th</sup>**.
5. The sponsoring chapter may sponsor only **ONE** student.

**APPLICATION REQUIREMENTS**

**Each application must include the following**

- The completed application form.
- An official high school transcript.
- A letter of recommendation from a Principal, Guidance Counselor, or Academic Department Head.
- A goal statement from the applicant including educational plans and ultimate career objectives.

**DO NOT SEND A PHOTO WITH THE APPLICATION.**

**Deadlines: Student Application to Chapter Scholarship Chairman by January 15th**

**Application and Cover Letter from Chapter to State Chairman by February 15th**

**SPONSORING CHAPTER CHAIRMAN CONTACT INFORMATION:**

**Name:** Carolyn Oatman

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**Phone:** 585-624-5193 **E-mail:** h2obury@rochester.rr.com



**DAMARIS SMITH DESIMONE SCHOLARSHIP  
APPLICATION FORM**

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Telephone Number:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Birth Date:** \_\_\_\_\_ **Birthplace:** \_\_\_\_\_

**Number of Siblings:** \_\_\_\_\_ **Ages:** \_\_\_\_\_

**High School Name:** \_\_\_\_\_

**High School Address:** \_\_\_\_\_

**Name of Principal or Counselor:** \_\_\_\_\_

**Number in Graduating Class** \_\_\_\_\_ **Class Rank** \_\_\_\_\_ **GPA** \_\_\_\_\_

**SAT Score: Verbal** \_\_\_\_\_ **Math** \_\_\_\_\_ **ACT score (composite)** \_\_\_\_\_

**College or University applicant plans to attend:** \_\_\_\_\_

**Tentative major:** \_\_\_\_\_

**On a separate sheet, please list extra-curricular activities, volunteer work, awards, and honors.**

**Sponsoring Chapter:** \_\_\_\_\_ Irondequoit Chapter

**Chapter Chairman:**

**Name:** \_\_\_\_\_ Carolyn Oatman

**Address:** \_\_\_\_\_ 6 Hawks View

**City, State, Zip:** \_\_\_\_\_ Honeoye Falls, NY 14472

**Phone:** \_\_\_\_\_ 14472

**Email:** \_\_\_\_\_ h2obury@rochester.rr.com



**PEGGY JO POWER GIFFORD SCHOLARSHIP  
NEW YORK STATE ORGANIZATION, NSDAR**

**OBJECT**

The object of the Peggy Jo Power Gifford Scholarship is to financially assist deserving young people in acquiring a higher education in United States History or Philanthropy with a view to becoming better prepared for life and citizenship.

**SCHOLARSHIP AMOUNT**

The amount of the scholarship is a one-time award of \$500.00.

**CRITERIA**

1. Any individual interested in majoring in **United States History, Philanthropic Studies or Non-Profit Management** is eligible.
2. An application should be submitted to either the Regent or Scholarship Chairman of the sponsoring DAR Chapter.
3. The applicant is to be judged on the basis of merit and achievement with regard to community service, personal and academic interests.
4. The applicant must reside in New York State.
5. The applicant must be attending or applying to attend an accredited two or four year college or university in the United States.
6. All applications must be received by the sponsoring Chapter Chairman by **JANUARY 15<sup>th</sup>**.
7. The sponsoring chapter may sponsor only **ONE** student.

**APPLICATION REQUIREMENTS**

**Each application must include the following**

- The completed application form.
- An official high school transcript.
- A letter of recommendation from a Principal, Guidance Counselor, a teacher or community member including a description of the applicant's character, general ability, leadership and interests.
- A goal statement from the applicant stating educational plans and ultimate career objectives.

**DO NOT SEND A PHOTO WITH THE APPLICATION.**

**Deadlines: Student Application to Chapter Scholarship Chairman by January 15th**

**Application and Cover Letter from Chapter to State Chairman by February 15th**

**SPONSORING CHAPTER CHAIRMAN CONTACT INFORMATION:**

**Name:** Carolyn Oatman

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**Phone:** 585-624-5193 **E-mail:** h2obury@rochester.rr.com



**PEGGY JO POWER GIFFORD SCHOLARSHIP  
APPLICATION FORM**

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Telephone Number:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Birth Date:** \_\_\_\_\_ **Birthplace:** \_\_\_\_\_

**Number of Siblings:** \_\_\_\_\_ **Ages:** \_\_\_\_\_

**High School Name:** \_\_\_\_\_

**High School Address:** \_\_\_\_\_

**Name of Principal or Counselor:** \_\_\_\_\_

**Number in Graduating Class** \_\_\_\_\_ **Class Rank** \_\_\_\_\_ **GPA** \_\_\_\_\_

**SAT Score: Verbal** \_\_\_\_\_ **Math** \_\_\_\_\_ **ACT score (composite)** \_\_\_\_\_

**College or University applicant plans to attend:** \_\_\_\_\_

**Tentative major:** \_\_\_\_\_

**On a separate sheet, please list extra-curricular activities, volunteer work, awards, and honors.**

**Sponsoring Chapter:** \_\_\_\_\_ Irondequoit Chapter \_\_\_\_\_

**Chapter Chairman:**

**Name:** \_\_\_\_\_ Carolyn Oatman \_\_\_\_\_

**Address:** \_\_\_\_\_ 6 Hawks View \_\_\_\_\_

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