Denise Hagood 29716 Janets Way Easton, MD 21601

St Michaels High School 200 Seymour Avenue,

St Michaels, Maryland 21663

Dear Mr Burkhardt,

I am excited to share that the Maryland State Daughters of the American Revolution (DAR) will again sponsor a \$1,500 scholarship for a deserving High School senior from Maryland. This is the second year the DAR has been able to award this \$1,500 scholarship which is renewable for three years to the students from the state of Maryland.

Last year a student from another high school won the Maryland State DAR scholarship, a student from Easton High School, did win a \$500 scholarship from our local General Perry Benson Chapter of the DAR. In addition, a former student from Easton High School, won the Maryland State DAR Law scholarship. She received a \$5,000 award which is renewable for three years.

Please share this scholarship application information form with your students and have them return their completed application to me by January 1, 2024.



This application will be sent to me via email at <u>doogahw@aol.com</u> or mailed via the US Postal Service to the following address:

Denise Hagood

29716 Janets Way

Easton, MD 20146.

If there are any questions, please contact me either via email or by phone at (703) 973-3740.

Best wishes for wonderful school year,

Denise Hagood,

General Perry Benson Scholarship Chair

Maryland State Society Daughters of the American Revolution

Kathy R. Crockett State Scholarship Chair 26946 Holly Avenue, Crisfield, MD 21817 443-783-5822 kctangier@gmail.com

MARYLAND DAR SCHOLARSHIP APPLICATION

Application packets are to be forwarded to the sponsoring Maryland chapter by **JANUARY** 15. <u>Do not attach photo or additional documentation other than what is required.</u> Applicants may print this form and hand-write it or may complete it electronically and then print it out. This page may NOT be expanded to more than the one page nor may the font size or margins be changed.

ADDRESS	
EMAIL	
BIRTH DATE	TELEPHONE NUMBER
HIGH SCHOOL	
GPA	SAT/ACT SCORE
ACTIVITIES/HONORS	

COLLEGE YOU PLAN TO ATTEND (If you are undecided, list colleges applied to. A firm decision will be required before funds can be sent if a scholarship is awarded.)

PROBABLE MAJOR

NAME

TOTAL ESTIMATED COLLEGE TUITION AND OTHER COSTS: \$ AMOUNT OF FINANCIAL AID YOU ESTIMATE YOU NEED: \$ (Also, complete MSSDAR financial aid form)

LIST OF SCHOLARSHIPS, AWARDS, OR OTHER FINANCIAL AID

WORK EXPERIENCE

nolarship Application	page 2
items to this application and forward to sponsoring Chapter by JANU A	ARY 15:
ancial Need Form mmendations from the following sources (not family members or friend aidance counselor, or coach employer hity group for whom you have done volunteer work which you are an active member (Scouts, Religious, Yearbook, Band, eficate or naturalization papers cial transcript of grades from high school showing GPA	
SIGNATURE OF APPLICANT	
ED BY THE SPONSORING MARYLAND CHAPTER: to ensure all documentation is complete. Talk with the student, if posseussing why this student is a good scholarship candidate and attach to State Chairman postmarked no later than JANUARY 31.	
SIGNATURE – CHAPTER SCHOLARSHIP CHAIRMAN or REG (Vice Regent may be substituted if Regent is unavailable)	ENT
	items to this application and forward to sponsoring Chapter by JANUA ancial Need Form mmendations from the following sources (not family members or friend addance counselor, or coach employer and the following sources (not family members or friend addance counselor, or coach employer and the following sources (not family members or friend addance counselor, or coach employer and the following sources (not family members or friend addance counselor, or coach employer with group for whom you have done volunteer work which you are an active member (Scouts, Religious, Yearbook, Band, or ficate or naturalization papers cial transcript of grades from high school showing GPA SIGNATURE OF APPLICANT ED BY THE SPONSORING MARYLAND CHAPTER: to ensure all documentation is complete. Talk with the student, if post cussing why this student is a good scholarship candidate and attach to State Chairman postmarked no later than JANUARY 31. SIGNATURE – CHAPTER SCHOLARSHIP CHAIRMAN or REGISTER STATEMENT OF THE S

TO BE COMPLETED BY STATE CHAIRMAN

Date received SIGNATURE, STATE CHAIRMAN

Decision ______

Maryland State Society Daughters of the American Revolution

Kathy R. Crockett State Scholarship Chair 26946 Holly Avenue, Crisfield, MD 21817 443-783-5822 kctangier@gmail.com

SCHOLARSHIP FINANCIAL NEED FORM

Guardians may be substituted for parents. If only one parent or guardian is in the household, indicate. <u>Do not exceed this one page or change the fonts or margins when printing.</u>

Father	Mother
Address	Address
Employer	Employer
Job title	Job title
Annual Income \$	Annual Income \$
Other sources of income or financial aid other than	as noted on first page of MSSDAR Scholarship Application:
Ages of dependents (note children who may be atte	nding college at the same time as applicant):
Statement from parent/guardian explaining applicar	nt's need for financial assistance:
I attest that all information in this application and a	ttachments are a true and accurate record.
Signature of Parent or Guardian	Signature of Applicant

ATTACH this form to Maryland DAR Scholarship Application Form