

APPLICATION FORM
JOHN HOYLE CHAPTER DAR
SCHOLARSHIP

FULL NAME _____

ADDRESS _____

EMAIL ADDRESS _____

HOME PHONE _____

MOBILE PHONE _____

COUNTY OF RESIDENCE _____

NAME OF INSTITUTION TO WHICH YOU HAVE MADE APPLICATION AND BEEN ACCEPTED

SUBMIT COPIES OF:

- FASFA application
- Transcripts and dates of attendance from all former education institutions
- Three letters of recommendation (one of which must be from a DAR member)
- 250-word type-written essay in which you explain your need/desire for further education

PLEASE SUBMIT COMPLETED APPLICATION AND SUPPORTING MATERIALS BY:

SEND TO: SCHOLARSHIP CHAIR JHC-DAR

3131 9TH ST. DR. NE #15

HICKORY, NC 28601

SIGNATURE _____

I UNDERSTAND THAT AWARDED MONIES WILL BE SENT DIRECTLY TO CHOSEN INSTITUTION FOR EDUCATIONAL COSTS (TUITION, ROOM AND BOARD, BOOKS)