

Eastern Shore of Virginia Chapter

Scholarship Application

I. REQUIREMENTS:

- A. This application is for the use of high school seniors who reside in Accomack County and plan to pursue a degree in American History or Political Science.
- B. Applicants must answer all questions fully and accurately and submit everything requested in order to qualify.
- C. The application information must be printed in ink or typed, except in the case of signatures.
- D. The Scholarship Committee of the Eastern Shore of Virginia Chapter of the National Society Daughters of the American Revolution will review all applications, recommendations, and information requested, after which they will select the winner of this scholarship.

II. PERSONAL HISTORY

١.	Name:
2.	Home Address:
3.	Telephone Number:
4.	Date and Place of Birth:
5.	High School Attended:
Date	s Attended:
6.	List Extracurricular Activities (or attach a list):

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Deadline: Fri., 5/3/24

Contact: MMBrowning, mary.browning@accomack.k12.va.us

	7.	Name and mailing address of college to which you have applied t
		pursue studies in American History or Political Science:
II.	FA	MILY HISTORY:
Pare r	nts'	Names:
Addr	ess(es):
ГеІер	hor	ne Number(s):
Эссі	Jpa	tion(s):
	-	

IV. ESSAY:

In a 500-800 word typed essay, explain why you have chosen to pursue collegiate studies in American History or Political Science. Include it with the application you submit.

V. LETTERS OF RECOMMENDATION AND TRANSCRIPT INFORMATION:

Please provide letters of recommendation from the following persons:

- 1. The Principal
- 2. The Guidance Counselor (Please use the attached form requiring grade and transcript information.)
- 3. The Social Studies or History Teacher
- 4. One other adult who is familiar with your abilities and qualities

VI. SIGNATURE:

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I, the undersigned, having read	and understood the regulations and			
intentions of this scholarsh	nip, do hereby apply for said scholarship			
offered by The Eastern Sh	ore of Virginia Chapter, National Society			
Daughters of the American Revolution.				
Signature of Applicant:				
Date of Application:				

SCHOOL COUNSELOR'S SHEET

for Scholarship Application

Name of Applicant:	
Date:	
Please provide the following information:	
A. Current Grade Point Average	
B. Current Class Rank	
C. Cumulative Average in High School Social Studies Classes	
D. Test Scores SAT Math SAT Verbal	

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Other Achievement Scores (if applicable):						
Test	Score(s)					
E.	Please attach a copy of the student's high school transcr	ipt.				
F.	Please write a short evaluation of the student's abilities, a potential.	ualities, and				
Coun	nselor's Signature: D	ate:				