



Sierra Nevada Chapter Washoe County Scholarship 2023

Sierra Nevada Chapter DAR Scholarship Committee
Laura Miceli, Committee Chair



Purpose: To provide a one-time scholarship of \$2,000 to eligible seniors in Washoe County School District.

Award: At least (5) non-renewable scholarships will be awarded to (5) persons selected by the Sierra Nevada Chapter DAR Scholarship Committee.

Eligibility:

1. Applicant must be a senior at a Washoe County High School.
2. Applicant must have at least a 3.25 GPA (unweighted).
3. Applicant must demonstrate involvement within the school and community.
4. Applicant must be graduating from a Washoe County High School in June 2023.
5. Applicant must show proof of enrollment from the college, university, or vocational/technical school they plan to attend in **Fall 2023**.
6. Applicant must submit ALL completed materials postmarked by the **Wednesday, February 15, 2023**.

Application: *Please submit the following documents in a sealed envelope.*

1. Scholarship application
2. Student essay
3. Two (2) letters of recommendations
4. Proof of acceptance/enrollment to college/university/vocational/technical school
5. Current high school transcript
6. Sierra Nevada Chapter DAR Financial aid form
7. Proof of citizenship
8. List of extracurricular activities

ESSAY REQUIREMENTS: Essays **must be typed**, double-spaced, in 12-point Times New Roman or an equivalent font, with numbered pages and one-inch margins.

ESSAY PROMPT:

What course of study do you intend to pursue in college or vocational/technical school? What has motivated you to choose this career path? What do you intend to accomplish with your degree? What do you envision yourself doing ten years from now?

Please submit the completed application and materials in a sealed envelope to Laura Miceli, 9613 Lunaspar Rd., Reno, NV 89521 postmarked no later than **Wednesday, February 15, 2023**. (Late applications will not be considered)

Any questions may be sent to darscholarshipcommittee@gmail.com



Sierra Nevada Chapter DAR Scholarship Application

Washoe County School District

Submission deadline: February 15, 2023

Once completed, mail application and all requested materials to address listed in the instructions.

Note: Required fields are marked with an asterisk.

GENERAL APPLICATION QUESTIONS

*High School

*First name

*Last name

*Address

*Phone number

*Email address

*Check any of the following statements which apply to you.

Member of NSDAR

Eligible to become a member of NSDAR

Descendent of NSDAR member

My mother/stepmother is an active dues paying member of the NSDAR

None of the above

*If you or your mother is a dues paying member, please enter the member number.

*Check which type of post-secondary institution will you attend.

College/University

Vocational/Technical

*Please list your most recent unweighted GPA:

*Please list your most recent weighted GPA:

*Please provide the name and email address of two people (not relatives) who can serve as a reference for you (examples: teacher, counselor, coach, mentor, spiritual leader, administrator, employer).

Name

Email address

*In 100 words or less, explain what financial arrangements you have made to fund your higher education.

***Authorize and Release Statement**

*1. I hereby request and authorize the release of information contained in my student records to the appropriate scholarship selection committee for the purpose of evaluation and scholarship award selection.

I agree with the above statement.

*2. Full name

*3. Last four digits of your SSN

*4. Authorize date



National Society Daughters of the American Revolution

Pamela Wright, President General

SIERRA NEVADA CHAPTER DAR SCHOLARSHIP COMMITTEE

Laura Miceli, Committee Chair

E-mail: darscholarshipcommittee@gmail.com

SIERRA NEVADA CHAPTER DAR SCHOLARSHIP FINANCIAL NEED FORM

Please note: Non-married applicants independent of their parents or guardians should mark "self" and provide their information in place of parent or guardian. Married applicants should mark "self" and "spouse" and provide their information in place of parent or guardian.

PARENT

GUARDIAN

SELF

PARENT

GUARDIAN

SPOUSE

Name _____

Name _____

Address _____

Address _____

Employer _____

Employer _____

Position _____

Position _____

Annual income \$ _____

Annual income \$ _____

Other sources of income or financial aid: _____

Please provide the ages of dependent children and include those who may be attending college at the same time as the applicant:

The parent/guardian or applicant (if independent or married) shall provide a brief statement summarizing financial obligations and resources. The statement needs to illustrate the applicant's need for financial assistance. Please do not submit additional supporting information or documents. Statement follows:

I attest that all information on this DAR Scholarship Financial Need Form is true and accurate:

Signature of applicant

Signature of parent/guardian/spouse

Signature of parent/guardian