

**NEW HAMPSHIRE STATE ORGANIZATION DAUGHTERS OF THE AMERICAN REVOLUTION 2016
STUDENT APPLICATION**

NAME (LAST)_____ (FIRST)_____ (MIDDLE)_____

ADDRESS_____

CITY/TOWN ZIP CODE_____

HOME TELEPHONE (_____) _____

NAMES OF PARENTS/LEGAL GUARDIAN_____

COLLEGES APPLIED TO OR ACCEPTED BY_____

SPONSORING N.H. DAR CHAPTER_____

INSTRUCTIONS: Package submittal must be complete and arranged in the order described below.

DEADLINE: POSTMARKED ON OR BEFORE FEBRUARY 1, 2016 MAIL TO:

Linda L. Miccio, NHSODAR STATE CHAIRMAN, SCHOLARSHIP COMMITTEE

125 Bellevue Street, Manchester, NH 03103 molliegal@comcast.net

OR YOU MAY SCAN ALL DOCUMENTS AND SEND ELECTRONICALLY TO: molliegal@comcast.net

REQUIRED ORDER OF DOCUMENTS FOR SUBMISSION:

- 1. Student Application (this page)***
- 2. Applicant must prepare a statement of 500 words or less setting forth her/his career objective, specifying how college major or plans relate to future professional goals, and reasons for these choices.***
- 3. A list of relevant extra-curricular activities including jobs, membership in organizations as well as offices held; community service, etc.***
- 4. A list of scholastic competitions entered, other scholarships received and awards won.***
- 5. Include THREE letters of recommendation, dated and hand signed, from people who are not relatives. Examples: School Counselor, teacher, coach, employer or religious leader. (Electronic signature will not be accepted).***
- 6. School Recommendation Form must be completed and hand signed either by high school principal or guidance counselor. This form does not count as one of the three letters of recommendation.***
- 7. Official transcript of all high school grades up to the present.***

I herby attest to the accuracy of the information contained in this application:

Signature of Student _____

Date: _____

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2016 SCHOOL RECOMMENDATION FORM

INSTRUCTIONS: *This page must be completed by a guidance counselor or principal.*

This completed form, including an official transcript of grades available up to the present, must accompany the Student Application.

Name of school _____

Name and title of person completing form _____

SCHOOL RECOMMENDATION FOR:

Name of student _____

Address of student _____

This student ranks _____ **in a class totaling** _____ **students.**

Student's score on scholastic tests:

Sat Verbal _____

Sat Math _____

ACT _____

General remarks about student applicant: _____

Contact: Linda L. Miccio, NHSODAR State Chairman,

125 Bellevue Street, Manchester, NH 03103

molliegal@comcast.net