



Virginia Daughters of the American Revolution

DAR Scholarship Committee

Brenda B. Atkinson, State Chairman
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Virginia DAR Scholarship Financial Need

Father/Guardian

Mother/Guardian

Name: _____ Name: _____

Address: _____ Address: _____

Employer: _____ Employer: _____

Position: _____ Position: _____

Annual Income: \$ _____ Annual Income: \$ _____

Estimated costs per academic year: \$ _____

Ages of dependent children (include those attending college at the same time as applicant):

The parent/guardian shall prepare a statement summarizing the family's obligations and resources: The statement needs to illustrate the applicant's need for financial assistance. Statement follows:

Please list any other pertinent information the committee should know about on additional sheets. This form may be placed in a separate, sealed envelope.

I attest that all information in this application and all attachments are a true and accurate record.

Signature of Father/Guardian

Signature of Mother/Guardian