

Roberta Abraben, Chairman

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**Florida State DAR Scholarship Application and Financial Need Form
For
Florida DAR Member Continuing Education or Child/Grandchild of Florida DAR Member**

Applicant's Name _____

Address _____

City/State/Zip+4 _____

Social Security # _____ Phone _____ Email _____

DAR National # _____ Florida DAR Chapter _____

DAR Mother/Grandmother _____ DAR National # _____

Person(s) Responsible for Applicant's Support _____

Signature _____

Father's Occupation _____ Annual Income \$ _____

Mother's Occupation _____ Annual Income \$ _____

Spouse's Occupation _____ Annual Income \$ _____

Total Family Income \$ _____

Applicant's Annual Contribution toward Education \$ _____

Applicant's other income i.e. loans, scholarships \$ _____

Number and Ages of Children in Family _____

Number of Children in College Other than Applicant _____

Name and Address of College _____

Planned Course of Study _____ Graduation Year _____

Estimated College Costs: Tuition \$ _____ Room and Board \$ _____

Transportation \$ _____ Books and Supplies \$ _____ TOTAL:\$ _____

Sponsoring DAR Chapter (required) _____

Chapter Officer's Signature (required) _____ **Date** _____