



Daughters of the American Revolution

Shining Mountain Chapter, NSDAR

Montana State Society Daughters of the American Revolution

Historic preservation, Education and Patriotism since 1894

\$500 Traveling Scholarship from the Montana State Society DAR

Due February 17, 2024

INSTRUCTIONS

Mail or email your completed application packet via mail or email to:

Patricia Crisp, Chapter Regent,
237 Wyoming Avenue,
Billings, MT 59101

The application packet must be complete, arranged and clipped in the left and corner in the order listed below, not to exceed 7 pages. All required documents must be **received by or emailed no later than February 17, 2024**, in a single package. Do not include photographs as they will result in disqualification.

Only the winner will be notified of the judge's decision following approval by the Executive Committee. Incomplete applications will not be considered. Application must be typed or clearly written.

CHECK LIST

- One page scholarship application (typed or clearly written) and all information is complete
- Counselor's signature that applicant is a high school senior within your chapter's area and with at least a 3.0 GPA
- Personal bio to include your high school activities, including offices held, awards received and/or other participation. Then describe briefly, how your efforts to serve your community have been effective or have made a difference. Include your future plans, education, and career goals. List extracurricular activities. No transcripts please.
- A copy of a Letter of Acceptance or Intent from Montana college/university/vocational school, required in order that the funds can be distributed to the Montana school of choice
- One letter of recommendation covering the applicant's ability, work habits, integrity, character, volunteer and potential service activities
- Typed** statement of 500 words or less **with word count**, "Tell me who the most influential person in your life has been and why"
- Photo Release Form

This scholarship is judged and awarded without regard to gender, race, color, religion, national origin or disability.

APPLICATION

Name of Student: _____ Email: _____ Phone: _____

Permanent address: _____ City: _____, MT Zip: _____

Cumulative GPA: _____ Counselor's signature: _____

Name of College/University/Vocational School: _____

Street Address: _____ City: _____, MT Zip: _____

Please feel free to make as many copies of this material as needed



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PHOTO RELEASE FORM FOR MINORS (if under 18)

I, _____, hereby grant permission to the Montana State Society DAR (MSSDAR), including any of its chapters, to publish photos/images/videos including the name of my child in press releases and/or other materials either in print or electronic format for purposes deemed appropriate by the MSSDAR and NSDAR.

I am signing this release form with the knowledge that any photo/images/videos posted electronically and in press releases can be downloaded and reprinted by news organizations, individuals and others including print, electronic, and broadcast media, and I, therefore, release the MSSDAR and NSDAR from any liability arising from use of my child's photos/images/videos in web postings.

I further understand that if I wish to rescind this agreement, I may do so at any time by sending a letter to MSSDAR. I further understand that already published photos/images/videos cannot be recalled. The request for recission will take effect upon receipt of notification. I also understand that no royalties, payments, fees, or any other compensation for the photos/images/videos used will be paid to me or my child for their use.

Child's Name: _____

Parent or Guardian's Name: _____

Parent or Guardian's Signature: _____

Phone Number: _____ Date: _____

MSSDAR CONTACT INFORMATION

Name of Contact: Patricia Crisp, Chapter Regent, Shining Mountain Chapter, NSDAR

Phone Number: 406.698.0792 Email: shiningmountaindar@gmail.com

