



ROCK RIVER CHAPTER NSDAR
EDUCATIONAL SCHOLARSHIP

1. Applicants must be graduating seniors of a Whiteside County High School.
2. This is a cash scholarship. The check will be made out to the student. This scholarship is based on individual academic achievement, career aspirations, and other characteristics. Financial need will be a consideration. Relationship to a DAR member shall not be considered as a qualification.
3. This scholarship IS NOT limited to a four-year college. Applicants may attend any accredited college or trade school and may choose any field of study.
4. This scholarship will be awarded in one installment.
5. Please return completed forms to your high school counselor and/or teacher by **April 4, 2026.**
6. All information given on this form is considered confidential and will not be released to any person Or government agency unless by court order.
7. In the year 2024-2025 the scholarship will have a cash value of \$500.00
8. Please include a copy of the student's transcript with application.

ROCK RIVER CHAPTER NSDAR

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Name _____
(first) (middle) (last)

Address _____
(number & street) (city)

Phone _____ Email _____ Date of Birth _____

Father's Name _____

Address (if different) _____

Occupation _____ Employer _____

Mother's Name _____

Address (if different) _____

Occupation _____ Employer _____

Number of Brothers and Sisters _____

Ages: Brothers _____ Sisters _____

Combined annual income of parents (Circle one):

☐ (\$0-\$10,000) ☐ (\$10,001-\$15,000) ☐ (\$15,001-\$20,000) ☐ (\$20,001-\$30,000)
☐ (\$30,001-\$40,000) ☐ (\$40,001-\$50,000) ☐ (\$50,001-\$60,000) ☐ (\$60,001+)

A. Do you plan to work while going to school? _____

B. Hobbies and other interests?

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C. Community activities (church, scouts, clubs, youth groups, etc.) and offices held in those

D. In what career, field of interest, or vocation are you interested?

E. School or college you plan to attend? _____

F. Have you been accepted? _____

G. Length of training program in years? _____

H. Entrance date _____

I. In what extra-curricular activities have you participated in High School?

J. Honors received in High School?

K. Scholarships or Grants received

(Signature) _____



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TO BE COMPLETED BY COUNSELOR AND/OR TEACHER

Student Name _____

Class Rank _____

Grade Point Average _____

ACT Score _____

Please tell us why you feel this student warrants recognition and scholarship.

Counselor and/or Teacher Signature

This scholarship is limited to graduating seniors of Whiteside County High Schools.