

Donegal-Witness Tree Scholarship

Eligibility, Procedure and Terms

The Donegal-Witness Tree Scholarship will be awarded annually to one student. The amount of this scholarship will vary from year to year. It will be determined by available funds. This year it is \$2,500.

Eligibility

1. The applicant must be a resident of Lancaster County, Pennsylvania.
2. No affiliation or relationship with the DAR is necessary to qualify for this scholarship.
3. This scholarship shall be available to a student accepted for admission in a fully accredited college, university or vocational school located anywhere in the United States. High school students should apply during their senior year.
4. The application for the scholarship must be submitted to the Chairman of the Scholarship Committee of the Donegal-Witness Tree Chapter of the DAR and **mailed and post marked no later than April 15, 2026.**
5. If two or more applicants are equally qualified, determination of the award will be based on financial need.
6. This scholarship will be granted only once per person.
7. Only applications which have been printed neatly or typed will be considered.

Application Procedure

1. To be considered for the Donegal-Witness Tree award, the following must be received by the Chairman of the Scholarship Committee of the Donegal-Witness Tree Chapter of the DAR **no later than April 20, 2026. We prefer these applications to be mailed to the Chairman.**
 - A. Completed Student Scholarship Application Form.
 - B. Completed Financial Need Form.
 - C. Recommendation form completed by High School Guidance Counselor.
 - D. Essay by applicant of not more than 350 words stating the reasons for pursuing an education beyond the secondary level; and
 - E. Information relating to extracurricular activities, both in school and community.
 - F. The applicant shall direct his/her high school to send an official transcript of his/her junior year grades and the first semester of senior year grades, together with SAT and ACT scores, if available.

Terms of the Scholarship

Payment of the Scholarship shall immediately to the college to be terminated by the recipient during the month of June.

No applications will be returned. The Chairman of the Scholarship Committee shall notify all applicants in May of the Committee's decision.

Scholarship Chairman, Donegal-Witness Tree Chapter of the DAR:

Mn. Amrette-Snyder

1001 Cool Creek Road, Wrightsville, PA 17368

717.873.1858

Email: etzie6361@aol.com

Donegal-Witness Tree Chapter Daughters of the American Revolution

Donegal-Witness Tree Scholarship 2026

Application

1. Name

Permanent Address

Telephone Number

2. Name of Parents or Guardian

Address of Parents or Guardian

Telephone Number of Parents or Guardian _____

3. Name and Address of Institution of Higher Learning You Will Attend _____

4. Proposed Field of Study or Major

5. Scholastic Honors and Awards

6. Extra Curricular & Community Service Activities _____

I hereby affirm that the above information is correct. I promise to use the scholarship funds for my educational needs and for no other purpose than specified.

Date

Signature _____

Donegal-Witness Tree Chapter Daughters of the American Revolution

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Financial Need Form

Father

Mother

1. Name _____

2. Employer _____

3. Employer's Address _____

4. Combined Annual Net Income \$ _____

5. How much will the applicant be able to contribute annually towards his/her education?

6. \$ _____

7. Estimated Costs:

a. Tuition and Fees \$

b. Room and Board \$

c. Books and Supplies \$

d. Other Costs (list) \$ _____

\$

\$

8. Household Information: Number of Dependents _____

9. How many dependents will be in college during the year of the scholarship grant? ____

Signature of Father _____

Signature of Mother _____

Signature of Applicant _____

Date

Donegal Witness-Tree Chapter
Daughters of the American Revolution
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School Recommendation Form

1. Name of Applicant _____ GPA ____ _

2. Name of School

Address of School

Telephone Number of Guidance Department _____

3. How long have you known the applicant? _____

4. Your assessment of the applicant's personal characteristics _____

5. Your assessment of the applicant's motivation for higher education _____

6. Comments or other pertinent information which you feel would enhance the selection of the applicant

Date Signature _____

