

**Annelle Blanchett, Chairman**

5034 Flagstone Ct, Tallahassee, FL 32303-6839

Phone: (850) 567-2099 · Email: annelle0570@comcast.net

**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 \_\_\_\_\_

1. Person Responsible for Applicant's Support \_\_\_\_\_

Signature \_\_\_\_\_

2. Father's Occupation \_\_\_\_\_ Annual Income \$ \_\_\_\_\_

3. Mother's Occupation \_\_\_\_\_ Annual Income \$ \_\_\_\_\_

4. Applicant's Occupation \_\_\_\_\_ Annual Income \$ \_\_\_\_\_

5. Spouse's Occupation \_\_\_\_\_ Annual Income \$ \_\_\_\_\_

6. Total Family Annual Income \$ \_\_\_\_\_

7. Applicant's Annual Contribution toward Education \$ \_\_\_\_\_

8. Number and Ages of Children in Family \_\_\_\_\_

9. Number of Children in College Other Than Applicant \_\_\_\_\_

10. Name and Address of College \_\_\_\_\_

11. Planned Course of Study \_\_\_\_\_ Graduation Year \_\_\_\_\_

12. Estimated College Costs: Tuition \$ \_\_\_\_\_ Room and Board \$ \_\_\_\_\_

Transportation \$ \_\_\_\_\_ Books & Supplies \$ \_\_\_\_\_ TOTAL \$ \_\_\_\_\_

13. Sponsoring DAR Chapter (required) \_\_\_\_\_

Chapter Officer's Signature (required) \_\_\_\_\_ Date: \_\_\_\_\_