



HELEN AND ARNOLD BARBEN SCHOLARSHIP NEW YORK STATE ORGANIZATION, NSDAR

OBJECT

The object of the Helen and Arnold Barben Scholarship is to financially assist deserving young **WOMEN** in acquiring a higher education with a view to their becoming better prepared for life and citizenship.

SCHOLARSHIP AMOUNT

The expected amount of the award is \$2,000. (\$500.00 each year for four years). **The amount may vary from year to year depending on funds available, since only the interest from the fund may be used.**

CRITERIA

1. All **FEMALES** who have successfully completed their high school studies are eligible.
2. The applicant **MUST** be a resident of New York State and **have been born in the United States.**
3. The applicant **MUST** attend an accredited four year college or university.
4. In the event that the scholarship recipient should successfully acquire a college degree in less than four years and is continuing graduate studies, they may request the remainder of the award from the State Scholarship Chairman.
5. All applications must be received by the sponsoring Chapter Chairman by **JANUARY 15th.**
6. The sponsoring chapter may sponsor only **ONE** student.

APPLICATION REQUIREMENTS

Each application must include the following

- The completed application form.
- An official high school transcript.
- A letter of recommendation from a Principal, Guidance Counselor, or Academic Department Head.
- A goal statement from the applicant including educational plans and ultimate career objectives.
- A copy of the applicant's birth certificate.

DO NOT SEND A PHOTO WITH THE APPLICATION.

Deadlines: Student Application to Chapter Scholarship Chairman by January 15th

Application and Cover Letter from Chapter to State Chairman by February 15th

SPONSORING CHAPTER CHAIRMAN CONTACT INFORMATION

Name: _____

Address: _____

City, State, Zip: _____

Phone: _____ E-mail: _____



**HELEN AND ARNOLD BARBEN SCHOLARSHIP
APPLICATION FORM**

Name: _____

Address: _____

Telephone Number: _____ **Email:** _____

Birth Date: _____ **Birthplace:** _____

Number of Siblings: _____ **Ages:** _____

High School Name: _____

High School Address: _____

Name of Principal or Counselor: _____

Number in Graduating Class _____ **Class Rank** _____ **GPA** _____

SAT Score: Verbal _____ **Math** _____ **ACT score (composite)** _____

College or University in New York applicant plans to attend: _____

Tentative major: _____

On a separate sheet, please list extra-curricular activities, volunteer work, awards, and honors.

Sponsoring Chapter: _____

Chapter Chairman:

Name: _____

Address: _____

City, State, Zip: _____

Phone: _____

Email: _____