

## National Society Daughters of the American Revolution

Pamela Edwards Rouse Wright, President General

## DAR GOOD CITIZENS COMMITTEE — Cindi Newbold, National Chair

(510) 331–4704 ★ DARGoodCitizens@nsdar.org

Kathy Hanlon, National Vice Chair

(817) 326–8233 ★ dargoodcitizennvc@nsdar.org

## STUDENT INFORMATION SHEET

## This cover sheet must be forwarded to the local sponsoring DAR chapter for your school's DAR Good Citizen winner.

Please TYPE or PRINT all information and be sure to complete all blanks.

| RETURN FORM AND COMPLETED MATERIALS TO  | D:  |
|---|---|
| Sponsoring DAR chapter/chapter code   |   |
| Contact person  | Phone   |
| Address   | _   |
| E-mail  |   |
| STUDENT INFORMATION:  |   |
| First / Middle / Last Name  |   |
| Address   |   |
| E-mail  |   |
| Parents or guardians (First / Middle / Last Name)   |   |
| Parent e-mail   |   |
| Signature of student  |   |
| Signature of parent/guardian  |   |
| SCHOOL INFORMATION:   |   |
| School Name   |   |
| Faculty e-mail  |   |
| Address   |   |
| School or faculty contact   | Phone   |
| Are you competing in the scholarship contest?   | □ NO  |
| THE FOLLOWING IS TO BE COMPLETED BY SCHOOL  | OL ADMINISTRATOR  |
| I,, have ki   | nown for  |
| (Print your name)   | (Print student's name)  |
| in my capacity as   |   |
| (Length of time)  | (Relationship to student)   |
| and that to my personal knowledge he/she has demonstrated criteria and, in my opinion, is most deserving of recognitic competed in the scholarship portion of the contest, I have revand have found it to be accurate and entirely consistent with or | on by your organization. If our DAR Good Citizen iewed the information the student is submitting to you |
| Signature   |   |
| Title   |   |
| E-mail Address  |   |
| Address   |   |
| Phone   |   |
|   |   |