October 8, 2025

Dear Counselors and Students,

Summer vacation is over and the school year has begun. In fact, its almost time for sectionals. Its also time to think about future plans and college and scholarships that can help with the financial burden. The Irondequoit Chapter of the Daughter's of the American Revolution is honored again to offer the Polly F. Burke Memorial Scholarship for the graduating class of 2026. In June of 2025, a student from Spencerport High School was selected as winner of the Polly F. Burke Memorial Scholarship. In recent years, our chapter has awarded one scholarship with a higher award instead of multiple winners with a lower award. The amount of award depends on how the fund does in the past year. It is a higher award compared to the State scholarships.

The New York State Daughters of the American Revolution is also offering their four scholarships this school year. Be sure to read all directions both sides of the application. For a few years, some students were omitting the resume list of honors, awards, extra-curricular activities, and volunteer work. No one forgot last year. These kids work so hard.

Our chapter did not sponsor any NYS winners last year. I just don't know why. They were all complete and fantastic. Students compete across the state for the NYS DAR scholarships while students who apply for the Polly F. Burke scholarship just compete withing Monroe County schools.

Please contact me with questions of concerns. Have a great year!

Sincerely,

Carolyn Oatman

Carolyn Oatman, Irondequoit Chapter DAR
Scholarship Chair
6 Hawks View
Honeoye Falls, NY 14472
585-624-5193. Text 585-354-4446
h2obury@rochester.rr.com

POLLY F. BURKE MEMORIAL SCHOLARSHIP
IRONDEQUOIT CHAPTER
DAUGHTERS OF THE AMERICAN REVOLUTION

OBJECT

This scholarship endowment is established by the family and friends of Polly F. Burke. Mrs. Burke was active in the Daughters of the American Revolution (DAR) and was honored as New York State Director of District VII and New York State Chairman, DAR Schools.

AMOUNT OF SCHOLARSHIP

The amount of this one-year scholarship may vary. It is dependent upon the available interest from the fund each year. It is expected to be $1,000.00.

CRITERIA AND RULES

Applicant must:

- be a US citizen.
- be a senior or graduate of an accredited Monroe County, New York, high school.
- be currently enrolled in or plan to attend an institute of higher learning.
- be a student who has an outstanding academic record.
- be a person who has demonstrated a commitment to community service.
- provide at least three (3) letters of recommendation and other evidence which address the student's leadership abilities, sense of patriotism, responsible behavior, honesty, and integrity.

APPLICATION PROCEDURE

Applicants submit the Scholarship Application (page 2) and required documents (one copy) to the Chapter Chairman, in the order described in the instructions.

Deadline to the Chapter Chairman is March 1.

Send Application to: **Carolyn Oatman**

Carolyn Oatman
6 Hawks View
Honeoye Falls, NY 14472
Phone: 585-624-5193
Email: h2obury@rochester.rr.com

POLLY F. BURKE MEMORIAL SCHOLARSHIP
IRONDEQUOIT CHAPTER
DAUGHTERS OF THE AMERICAN REVOLUTION

11 Livingston Park at 138 Troup Street
Rochester NY 14608

Phone 585-232-4509

Scholarship Application

Name of Student

_____

Permanent Address Telephone

_____

College/University you plan to attend Major

_____

Test Scores (HS Seniors only) SAT ACT

_____

****

If you are a winner, the Scholarship Committee would like to send an article to your local newspaper. Please note here the newspaper's:

Name _____ Address _____

Attention _____

Completion of this section is an agreement to allow the Scholarship committee to use information from your application for publicity releases. Your qualification for any award is not determined by completion of this section.

Instructions: Only applications which include items 1-5 listed below and received by the Scholarship Chairman on or before the **March 1** deadline will be eligible for consideration. School transcripts, letters of recommendation and other required documents being sent from a secondary source, on behalf of the applicant, must also be received by the Scholarship Chairman by **March 1**. Typewritten applications and statements preferred. Applications missing required paperwork or received after the deadline will be discarded. DO NOT SUBMIT A PERSONAL PHOTOGRAPH. This application is conducted without regard to race, religion, sex or national origin.

1. Scholarship Application (this page).

2. Applicant must prepare a statement of 1,000 words or less expressing his/her sense of patriotism, career objectives, specifying how college plans relate to future professional goals, and reasons for these choices.

3. Transcript of high school grades. Must indicate class rank/class size, GPA and test scores.

4. List on one side of 8 1/2"x 11" paper: extra-curricular activities, honors received, scholastic achievements, or other significant accomplishments. Maximum 2 pages.

5. Dated, signed letters of recommendation from at least three (3) but not more than four (4) persons who are familiar with your work. Letter may cover the applicant's ability, work habits, integrity, and potential. At least one letter should be from school.

6. Every effort should be made to submit application as a complete package with items arranged in the order presented above (items 1-5). Each page of application should include the applicant's name and all pieces of paperwork secured with a staple or paper clip.

NEW YORK STATE DAR SCHOLARSHIP
NEW YORK STATE ORGANIZATION, NSDAR

OBJECT

The object of the New York State DAR Scholarship is to financially assist deserving high school seniors (male or female) in acquiring a higher education in a college or university in **NEW YORK STATE.**

SCHOLARSHIP AMOUNT

The expected amount of the award is $2000.00 ($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. A student in the upper fourth of the graduating class is to be selected by a committee consisting of the Principal, Guidance Counselor and English Department Head. If there is more than one high school in the area, each school may name only **ONE** student and the local DAR Chapter Scholarship Chairman will then select **ONE** student from all the applicants from the schools in her area. The Chapter Chairman submits only **ONE** entry per scholarship.
2. The applicant **MUST be a resident of New York State and a United States Citizen.**
3. The applicant MUST plan to attend an accredited four year college or university **IN NEW YORK STATE.**
4. In the event that the scholarship recipient does not complete his/her program or successfully acquires his/her degree in less than four years, the scholarship shall be terminated and the runner-up candidate for that year will be eligible to receive the balance of the scholarship.

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 or proof of naturalization.

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: Carolyn Oatman

Address: 6 Hawks View

City, State, Zip: Honeoye Falls, NY 14472

Phone: 585-624-5193 **E-mail:** h2obury@rochester.rr.com

NEW YORK STATE DAR 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: Irondequoit Chapter

Chapter Chairman:

Name: Carolyn Oatman

Address: 6 Hawks View

City, State, Zip: Honeoye Falls, NY 14472

Phone: 585-624-5193

Email: h2obury@rocheste.rr.com

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: Carolyn Oatman

Address: 6 Hawks View

City, State, Zip: Honeoye Falls, NY 14472

Phone: 585-624-5193 **E-mail:** h2obury@rochester.rr.com

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 applicant plans to attend: _____

Tentative major: _____

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

Sponsoring Chapter: Irondequoit Chapter

Chapter Chairman:

Name: Carolyn Oatman

Address: 6 Hawks View

City, State, Zip: Honeoye Falls, NY 14472

Phone: 585-624-5193

Email: h2obury@rochester.rr.com

DAMARIS SMITH DESIMONE SCHOLARSHIP
NEW YORK STATE ORGANIZATION, NSDAR

OBJECT

The object of the Damaris Smith DeSimone Scholarship is to financially assist deserving young people in acquiring a higher education in United States History with a view to becoming better prepared for life and citizenship.

SCHOLARSHIP AMOUNT

The expected amount of the scholarship is a one-time award of $1,000. **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 high school seniors planning to major in **United States History** are eligible.
2. The applicant MUST be a resident of New York State.
3. The applicant MUST attend an accredited four year college or university in the United States.
4. All applications must be received by the sponsoring Chapter Chairman by **JANUARY 15th.**
5. 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.

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: Carolyn Oatman

Address: 6 Hawks View

City, State, Zip: Honeoye Falls, NY 14472

Phone: 585-624-5193 **E-mail:** h2obury@rochester.rr.com

DAMARIS SMITH DESIMONE 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 applicant plans to attend: _____

Tentative major: _____

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

Sponsoring Chapter: Irondequoit Chapter

Chapter Chairman:

Name: Carolyn Oatman

Address: 6 Hawks View

City, State, Zip: Honeoye Falls, NY 14472

Phone: 14472

Email: h2obury@rochester.rr.com

PEGGY JO POWER GIFFORD SCHOLARSHIP
NEW YORK STATE ORGANIZATION, NSDAR

OBJECT

The object of the Peggy Jo Power Gifford Scholarship is to financially assist deserving young people in acquiring a higher education in United States History or Philanthropy with a view to becoming better prepared for life and citizenship.

SCHOLARSHIP AMOUNT

The amount of the scholarship is a one-time award of $500.00.

CRITERIA

1. Any individual interested in majoring in **United States History, Philanthropic Studies** or **Non-Profit Management** is eligible.
2. An application should be submitted to either the Regent or Scholarship Chairman of the sponsoring DAR Chapter.
3. The applicant is to be judged on the basis of merit and achievement with regard to community service, personal and academic interests.
4. The applicant must reside in New York State.
5. The applicant must be attending or applying to attend an accredited two or four year college or university in the United States.
6. All applications must be received by the sponsoring Chapter Chairman by **JANUARY 15th.**
7. 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, a teacher or community member including a description of the applicant's character, general ability, leadership and interests.
- ☐ A goal statement from the applicant stating educational plans and ultimate career objectives.

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: Carolyn Oatman

Address: 6 Hawks View

City, State, Zip: Honeoye Falls, NY 14472

Phone: 585-624-5193 **E-mail:** h2obury@rochester.rr.com

DAR
Daughters of the American Revolution

PEGGY JO POWER GIFFORD 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 applicant plans to attend: _____

Tentative major: _____

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

Sponsoring Chapter: Irondequoit Chapter

Chapter Chairman:

Name: Carolyn Oatman

Address: 6 Hawks View

City, State, Zip: Honeoye Falls, NY 14472

Phone: 585-624-5193

Email: h2obury@rochester.rr.com