



NATIONAL SOCIETY COLONIAL DAMES XVII CENTURY

State/Chapter Scholarship

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2025-2027 Form

Are you reporting on a State or a Chapter Scholarship: State: _____ Chapter: _____

Name of State of Chapter or State: _____ If Chapter, list Chapter ID _____

Scholarship Chairman _____ Nat'l # _____

Address: _____ City: _____ State: _____ ZIP: _____

Telephone _____ email _____

Amount of Scholarship Award: _____

Name of Recipient: _____

Amount of Scholarship Award: _____

Name of Recipient: _____

Address: _____ City: _____ State: _____ ZIP: _____

Social Security # or College ID # of Recipient: _____ Phone: _____

Name of College or University: _____

Address of College or University:

Address: _____ City: _____ State: _____ ZIP: _____

Name and Title to Whom Check Should be Sent: _____

Signed: _____ Date: _____

Address: _____ City: _____ State: _____ ZIP: _____

Telephone _____ email _____

Distribution Instructions for this form: **CHAPTER Treasurer:** make 3 copies

- (1) Send one copy to your State Treasurer along with the Chapter check
- (2) Send a copy to your State Chairman of the State/Chapter Scholarship Chairman
- (3) Keep a copy for your files

STATE Treasurer: make 4 copies

- (1) Send copy of this form with the State check to Treasurer General
- (2) Send copy to National State/Chapter Scholarship Chairman as listed above
- (3) Send a copy to your State Chairman of the State/Chapter Scholarship Chairman
- (4) Keep a copy for your files

Please contact the National Chairman listed above, if you have any questions.

USE A SEPARATE FORM FOR EACH SCHOLARSHIP PLEASE