

Effie Lee Nelson Speiden Scholarship Application
Manassas Chapter United Daughters of the Confederacy

Name: _____

Telephone: _____ E-Mail: _____

Address:

Father's Name: _____ Mother's Name: _____

Ancestor's Name: _____

School: _____ Month/Year of Graduation: _____

Date of Birth: _____ GPA: _____ Class Ranking: _____

College/University Attending: _____

Course of Study to be pursued: _____

High School Activities and Awards: _____

Community Organizations/Activities: _____

Awards and other Recognition: _____

- Attachments
1. Photograph
 2. Proof of Confederate ancestor (such as service record obtained from National Archives or UDC business office)
 3. Official Grade Transcript of previous year and Fall semester/quarter
 4. Two letters of recommendation
 5. Letter to the Committee that speaks of your goals and plans as well as what your Southern heritage means to you
 6. Letter of acceptance from college you plan to attend

You will be notified by telephone if the Committee wishes an interview. This one-year scholarship of \$1,500 will be paid to the college in one installment at the beginning of the school year.

Return Application to:

2nd Vice President, Manassas Chapter

(e-mail <2ndVP@ManassasChapterUDC.org> to arrange for delivery or if you have questions)

Due before May 2, 2010

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Manassas Chapter United Daughters of the Confederacy

Financial Need Report

Applicant: _____

Date: _____

Applicant's Father or guardian:

Applicant's Mother or guardian:

Name
Address
City/State/Zip
Occupation
Employer

Name
Address
City/State/Zip
Occupation
Employer

Annual Income:
under \$25,000 \$25,000 to \$40,000 \$40,000 to \$50,000 \$50,000 to \$75,000 over \$75,000

Annual Income:
under \$25,000 \$25,000 to \$40,000 \$40,000 to \$50,000 \$50,000 to \$75,000 over \$75,000

Note: If Applicant is financially independent of and receiving no parental aid toward higher education, please indicate.

State any pertinent information concerning financial assets/obligations which would necessitate a need for our scholarship:

List Parents' or guardians' other dependent children and their ages. (Note those attending college at same time as applicant):

Sources of income or financial aid—include other scholarships/grants/college or government loans, etc (list source/amount):

Estimated Expenses for one year of college/university

Tuition	\$	
Room & Board	\$	
Books & Supplies	\$	
Other Costs (List)	\$	
	\$	
	\$	
	\$	
	\$	
Estimated Total Annual Expenses	\$	

The undersigned certify that information stated is true and correct to the best of their knowledge and belief.

Applicant _____
(signature required)

Father/Guardian _____
(signature required unless applicant financially independent)

Mother/Guardian _____
(signature required unless applicant financially independent)

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Lineage Form

(Complete lineage for all generations up to and including Confederate ancestor.)

Generation 1: _____
(Applicant) I am the daughter of

Generation 2: _____
Husband

Wife (maiden name)

My

Generation 3: _____
Husband

Wife (maiden name)

The said _____ is the

Generation 4: _____
Husband

Wife (maiden name)

The said _____ is the

Generation 5: _____
Husband

Wife (maiden name)

The said _____ is the

Generation 6: _____
Husband

Wife (maiden name)

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Lineage Form *(page 2)*

(Complete lineage for all generations up to and including Confederate ancestor.)

The said _____ is the

Generation 7: _____
Husband

Wife (maiden name)

The said _____ is the

Generation 8: _____
Husband

Wife (maiden name)

The said _____ is the

Generation 9: _____
Husband

Wife (maiden name)

The said _____ is the

Generation 10: _____
Husband

Wife (maiden name)

The said _____ is the

Generation 11: _____
Husband

Wife (maiden name)

The said _____ is my Confederate ancestor.