



# Doyon Foundation

## Basic Scholarship Application

**STUDENTS MUST RE-APPLY FOR EACH FUNDING PERIOD!**

*Please complete ALL fields below* **\*\*Doyon Foundation does not accept faxes\*\***

<b>Personal Data</b>		Are you related to a Doyon Foundation Board Member? ( ) YES or ( ) NO	
1. I am a: <input type="checkbox"/> New Doyon Foundation Student or <input type="checkbox"/> Returning Doyon Foundation Student		2. I am a: <input type="checkbox"/> Full-time Basic Applicant or <input type="checkbox"/> Part-time Basic Applicant <i>*Competitive applicants must apply online*</i>	
3. Deadline: <input type="checkbox"/> (Summer) March 15, 20__ <input type="checkbox"/> (Winter) Sept. 15, 20__ <i>VOCATIONAL STUDENTS ONLY</i>		<input type="checkbox"/> (Fall) April 15, 20__ <input type="checkbox"/> (Spring) Nov. 15, 20__	
4. Name:		5. SSN:	6. Date of Birth:
7. Complete Permanent Mailing Address:		City:	State: Zip Code:
8. Permanent Phone Number:	9. Cell Phone Number:	10. Permanent E-mail Address:	
11. Complete Address While In School:		City:	State: Zip Code:
12. Phone Number While in School:		13. Personal School E-mail Address:	

<b>Shareholder Data</b> <i>(If you are unsure of this data, please contact the Doyon, Limited Shareholder Records Department at 907.459.2040)</i>			
1. I am: <input type="checkbox"/> An original enrollee <input type="checkbox"/> Not enrolled, but child of _____ (name of parent), who is an original shareholder. Their date of birth is: _____.			
2. Type of Shares: <input type="checkbox"/> Original (Class A or B) <input type="checkbox"/> 2 <sup>nd</sup> Enrollment (Class C) <input type="checkbox"/> Class D			

<b>School Data</b>			
1. Name of School:		2. School Phone Number:	
3. Complete Financial Aid Office Address:		City:	State: Zip Code:
4. Have you been accepted? <input type="checkbox"/> Yes (send enrollment verification) <input type="checkbox"/> No, date applied for admission:			
5. Have you attended any school since high school? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(send official high school transcripts or GED Scores)</i>			
6. If yes, please list your latest school attended after high school and include official transcripts with application:			
Name of School:		Years attended:	Certificate or Degree sought:
7. Current Cumulative Grade Point Average (send official transcripts):			
8. Expected date of graduation from current degree program:			
<b>Full or Part-time Vocational Students</b> (i.e. Certificate, A.A., A.A.S)			I am: <input type="checkbox"/> full-time <input type="checkbox"/> part-time
Field(s) of Study:		Training Dates (Mo/Yr) to (Mo/Yr):	Expected Degree:
<b>Undergraduate Students</b> (i.e. B.A., B.S., B.B.A, B.F.A)			I am: <input type="checkbox"/> full-time <input type="checkbox"/> part-time
Field(s) of Study:		Class Standing (Fr., So., Jr., Sr.):	Expected Degree:
<b>Graduate Students</b> (i.e. M.A., J.D., M.D., PhD)			I am: <input type="checkbox"/> full-time <input type="checkbox"/> part-time
Field(s) of Study:		Year of Study:	Expected Degree:

I hereby attest the information contained in this application is true, correct and complete, and I have read and understood the scholarship guidelines. I also understand I must re-apply for each funding period and I acknowledge it is my responsibility to contact the Doyon Foundation to ensure my file is complete by the appropriate deadline.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Short term vocational students: please use the separate short term application.**

# Doyon Foundation

## Student Release and Consent Form

*The Doyon Foundation application will be kept confidential in accordance with the Family Education Rights and Privacy Act of 1974. Doyon Foundation periodically publishes promotional materials containing student data, which may include, but is not limited to, students' name, area of study and photograph.*

By signing this form, I give my consent to the Doyon Foundation to use my name and photograph in materials including, but not limited to:

- Publicity materials
- Multimedia and online programs
- Newsletters

By signing this form, I also release the Doyon Foundation from:

1. Any claim I might have against it, resulting from the use of my name and picture, including for example, any claim based on defamation, slander, libel, or invasion of privacy.
2. Any claim against affiliated companies, businesses and assignees, its advertisers and agencies from any claim I might have against them from the use of name and picture.
3. Any claim against the directors, officers, employees or agents of the Doyon Foundation for any claim I might have against them.

I acknowledge that:

- I will receive no money or other consideration or compensation for giving this consent and release.
- I am an adult, 18 years or older (***if under 18, please also have legal guardian sign***).
- I have read and understand this form.
- The release of this information will be in effect and honored during the application period for which it is being considered. To revoke this Release and Consent, I must provide a written statement that the Release and Consent form signed is no longer in effect and my student information may not be shared with any other party.

Information will not be released to any other party, including parents or family members, without this Release and Consent form. This release of information must be submitted with each application.

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Signature

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Date Signed

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Printed Name

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Deadline Applying For

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Parent/Legal Guardian Signature

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Parent/Legal Guardian Printed Name