



# Doyon Foundation

## Basic Scholarship Application

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

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

Personal Data			
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:	

Shareholder Data <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			

School Data			
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, Diploma or GED)</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:			
Full or Part-time Vocational Students (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:
Undergraduate Students (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:
Graduate Students (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.**

714 4<sup>th</sup> Avenue, Suite 302B, Fairbanks, AK 99701 ~ Phone: (907) 459-2050~ Toll Free: 1-800-478-4755 ext. 2050

[www.doyonfoundation.com](http://www.doyonfoundation.com) ~ [www.doyonfoundationblog.com](http://www.doyonfoundationblog.com)