



# Doyon Foundation

## Short-Term Vocational/ Advanced College Credit Application

### 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"/> Short-term Vocational Applicant <input type="checkbox"/> Advanced College Credit Applicant	
3. Name:		4. SSN:	5. Date of Birth:
6. Complete Permanent Mailing Address:		City:	State: Zip Code:
7. Permanent Phone Number:	Cell Phone Number:	8. Permanent E-mail Address:	
9. Complete Address While in School (if applicable):		City:	State: Zip Code:
10. Phone Number While in School:		11. School E-mail Address:	

### Shareholder Data *(If you are unsure of this data, please contact the Doyon Shareholder Records Department at 907.459.2040)*

4. 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. School 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. Type of course/certification/training:			
6. Expected date of completion from course/certification/training:			
7. 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>			
8. If yes, please list your latest school attended after high school and include official transcripts with application:			
School Name:	Years Attended:	Certificate or Degree sought:	
School Name:	Years Attended:	Certificate or Degree sought:	
Current Cumulative Grade Point Average <i>(send official transcripts)</i> :			

I hereby attest the information contained in this application is true, correct and complete, and I have read and understood the scholarship guidelines. I acknowledge it is my responsibility to contact the Doyon Foundation to ensure my file is complete by the appropriate deadline.

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

**\*\*Doyon Foundation does not accept faxes\*\***