



Doane Family Foundation

Inc.,

A Nebraska Corporation

SCHOLARSHIP APPLICATION

Minimum Requirements

1. A member of the Doane Family Association of America, Inc., or a son/daughter/grandson/granddaughter of a Doane Family Association of America, Inc. member;
2. Admitted as a full-time undergraduate degree-seeking student;
3. Attending an Accredited post-secondary institution;
4. Demonstration of need by submitting a processed copy of a current year Free Application for Federal Student Aid (FAFSA) form (USA Students) or Appropriate Financial Information for the Parents of the Student (if Canadian Student); and
5. Completion of this application form and submitted to the Foundation together with an essay.

NOTE: Grants are for a one-year period, however a student may re-apply for a grant each year until graduation.

Applicant's Full Name: _____

Date of Birth: _____

Permanent Address: _____

Telephone No.: _____; Cell Phone No.: _____

Email Address: _____

Doane Family Association of America, Inc. member and/or relationship to a member:

Member's Name: _____

Address: _____; Relationship: _____

Post-Secondary Institution you plan to attend: _____

Institution Address: _____

Suggested Institution Contact Information:

Your Proposed Major: _____

High School Attended: _____; Graduation Date: _____

Grade Point Average: _____; Class Rank/No. In Class: _____

SAT Score: Critical Reading: _____; Math: _____; Writing: _____

ACT Score: English: _____; Math: _____; Reading: _____; Science: _____; Composite: _____

High School Activities, Awards and Honors: _____

College Grade Point Average: _____

Parents' Names: _____

Parents' Address: _____

Parents' Phone No.: (Home): _____; (Work): _____

Amount of assistance requested: _____

Please attach a 500-Word Essay telling the Doane Family Foundation, Inc. about yourself, your education plans and your knowledge about your Doane family ancestors. The Application and Essay must be submitted on or before March 31.

Signature: _____; Date: _____

AUTHORIZATION TO RELEASE INFORMATION: I authorize the Doane Family Foundation, Inc., their officers and directors, to obtain or release any necessary information, from my application for a scholarship file, to any person or educational institution responsible for authorization or payment of any or all of any monetary award that I might receive.

Signature: _____; Date: _____

Return this completed form and essay **NO LATER THAN** March 31st to:

Kenneth M. Doane, Chairman
15917 NE Union Road – Unit 40
Ridgefield, WA 98642-8607
Phone: 360-600-3946
Email: Doane.Ken@gmail.com

Rev. April 10, 2018