



*The 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; and
5. Completion of this application form and submitted to the Foundation together with an essay.

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 31<sup>st</sup> to:

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

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