

DOGAN ALUMNI ASSOCIATION SCHOLARSHIP

FAIRFIELD, TEXAS

THE DOGAN ALUMNI ASSOCIATION SCHOLARSHIP was organized on behalf of and at the direction of the entire association membership. Our mission is to provide scholarships and enrichment opportunities in support of exceptional young people's thirst for knowledge and their desire to make a difference in the world.

Our vision is to develop a powerful network of community leaders, touched by the Alumni Association, whose vision will help shape the world, leaving a lasting legacy for generations to come.

ELIGIBILITY CRITERIA

- 1. Applicant MUST be a descendant of a Dogan Alumnus.
- 2. Applicant MUST be a graduating high school senior or an undergraduate in College/Institute of higher learning (Technical, Trade or Vocational school).
- 3. Applicant MUST possess a grade point average of at least 2.5 out of a 4.0 system.
- 4. Applicant MUST be enrolled in an accredited College or Institute of higher learning (Technical, Trade or Vocational school) located in the United States.
- 5. All scholarship recipients MUST be full-time students (College students minimum of 12 semester hours / Technical, Trade or Vocational school as outlined by school).

THE DOGAN ALUMNI ASSOCIATION SCHOLARSHIP IS RENEWABLE (limited to one time per applicant)

THE APPLICANT WILL BE REQUIRED TO SUBMIT THE FOLLOWING DOCUMENTS:

- APPLICATION FORM:** All information should be attached to the application form upon submission. No additional attachments will be accepted at a later date.
- CURRENT OFFICIAL TRANSCRIPT OF GRADES** (If an official transcript cannot be obtained by due date, an unofficial copy can be submitted pending receipt of the official transcript before funds can be disbursed.)
- COPY OF APPLICATION FOR ADMISSION or LETTER OF ACCEPTANCE** from a College, University or Technical, Trade or Vocational school. *(Not required for returning applicants)*
- 3 LETTERS OF RECOMMENDATION:** High School graduates **MUST** submit: one personal reference, one academic reference, and one Dogan reference. Recommendations from relatives are not acceptable. *(Not required for returning applicants)*
- HEAD SHOT PHOTO (FROM THE SHOULDER UP)** *(Not required for returning applicants)*

ALL INFORMATION MUST BE SUBMITTED IN ONE PACKAGE (Note: No separate or additional submissions will be accepted).

- **LOCAL APPLICANTS (FAIRFIELD / FREESTONE COUNTY AREA):**
ALL APPLICATIONS AND ACCOMPANYING DOCUMENTS MUST BE RECEIVED BY **MAY 1ST** EACH YEAR.
- **OUT OF TOWN APPLICANTS:**
ALL APPLICATIONS AND ACCOMPANYING DOCUMENTS MUST BE RECEIVED BY JUNE 1ST OF EACH YEAR.
- **ONLINE SUBMISSION PREFERRED.** SUBMIT TO: DOGANAA68@GMAIL.COM.
- IF UNABLE TO SUBMIT EMAIL, APPLICATION MUST BE MAILED AND POSTMARKED BY MAY 1ST FOR LOCAL APPLICANTS OR JUNE 1ST FOR OUT OF TOWN APPLICANTS.
- IF MAILED, PLEASE EMAIL THE SCHOLARSHIP COMMITTEE AT DOGANAA68@GMAIL.COM TO INFORM THEM THAT APPLICATION IS IN THE MAIL.

MAIL COMPLETED APPLICATIONS TO:

DOGAN ALUMNI ASSN SCHOLARSHIP COMMITTEE

ATTN: EDWARD JOHNSON, JR.

PO BOX 1252

FAIRFIELD, TX 75840-0011

TEL: (859) 396-9692

DOGAN ALUMNI ASSOCIATION SCHOLARSHIP APPLICATION

US CITIZEN: <input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> MALE		<input type="checkbox"/> FEMALE	
NAME OF APPLICANT:			BIRTHDATE: / /		
ADDRESS:		CITY		ST	ZIP
HOME PHONE:		CELL PHONE:		EMAIL:	

CURRENT HIGH SCHOOL:			PHONE NUMBER:		
SCHOOL ADDRESS:		CITY		ST	ZIP

ARE YOU A DESCENDANT OF A DOGAN ALUMNUS? YES NO
(If yes, submit the full name (include maiden name), address and telephone number of the Dogan Alumnus, if living)

NAME: _____ PHONE: _____

ADDRESS: _____ CITY _____ ST _____ ZIP _____

CURRENT MEMBER OF WHAT ORGANIZATIONS: _____

HOW DID YOU HEAR ABOUT THIS SCHOLARSHIP? _____

CURRENT CLASSIFICATION (Check one)

HIGH SCHOOL SENIOR COLLEGE FRESHMAN COLLEGE SOPHOMORE COLLEGE JUNIOR COLLEGE SENIOR

TECHNICAL, TRADE OR VOCATIONAL SCHOOL.

WHAT IS YOUR CUMULATIVE GPA (GRADE POINT AVERAGE)? _____

EDUCATION BACKGROUND (HIGH SCHOOL AND BEYOND):

SCHOOL NAME	LOCATION	DATES ATTENDED	DIPLOMA/ DEGREE	CLASS RANK

EDUCATIONAL GOAL:

TWO-YEAR ASSOCIATE DEGREE

TWO-YEAR ASSOCIATE DEGREE, WITH OPTION TO TRANSFER

BACHELOR OF ARTS DEGREE

BACHELOR OF SCIENCE DEGREE

OTHER: _____

TERM APPLYING FOR: SUMMER FALL SPRING

Application(s) for College, University or Technical, Trade or Vocational school admission submitted to:

Complete this section only if it applies to you. If confirmation of acceptance has been received, place an asterisk () beside the one you most likely will attend.*

COLLEGE / UNIVERSITY / TECHNICAL, TRADE OR VOCATIONAL SCHOOL	LOCATION	CONFIRMATION RECEIVED

LIST ACADEMIC AWARDS OR HONORS YOU HAVE RECEIVED:

WHAT IS YOUR AREA OF CONCENTRATION/SPECIALIZATION? (WHAT IS YOUR MAJOR?):

DATE OF ANTICIPATED DEGREE COMPLETION: _____

PLEASE DESCRIBE ANY COURSES YOU HAVE TAKEN, ACADEMIC AND/OR JOB EXPERIENCES RELEVANT TO YOUR MAJOR:

PLEASE DESCRIBE YOUR INVOLVEMENT IN ANY SOCIAL, CIVIC, OR COMMUNITY PROJECTS:

WHAT LED TO YOUR INTEREST IN YOUR PARTICULAR CONCENTRATION/SPECIALIZATION AND WHAT CAREER DO YOU ULTIMATELY PLAN TO PURSUE?

IF YOU WOULD LIKE TO TELL US SOMETHING ABOUT YOURSELF THAT WE DID NOT SPECIFICALLY ASK PLEASE EXPRESS IT HERE:

SIGNATURE: _____ DATE: _____

YOUR APPLICATION WILL BE REVIEWED AND NOTIFICATION OF YOUR STATUS WILL BE FORTHCOMING .