DOGAN ALUMNI ASSOCIATION FAIRFIELD, TEXAS SCHOLARSHIP APPLICATION

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 graduating high school senior or an undergraduate in college. 2. Applicant MUST possess a grade point average of at least 2.5 out of a 4.0 system. ☐ 3. Applicant MUST be a descendant of a Dogan High School Alumnus. 4. All scholarship recipients MUST be full-time students. 5. Applicant MUST be enrolled in an accredited college or institution of higher learning located in the United States. THE DOGAN ALUMNI SCHOLARSHIP IS RENEWABLE. 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. 2-3 LETTERS OF RECOMMENDATION: One personal reference, one academic, and/or one Dogan reference. Recommendations from relatives not acceptable. ☐ CURRENT OFFICIAL TRANSCRIPT OF GRADES (High School or College) Copy of Application for Admission or Letter of Acceptance from a college, university or from an institution of higher learning located in the United States □ WALLET SIZE PHOTO with the applicant's name written on the back. ALL INFORMATION MUST BE SUBMITTED IN ONE PACKAGE (Note: No separate pieces will be accepted). LOCAL APPLICANTS: ALL APPLICATIONS AND ACCOMPANYING DOCUMENTS FROM APPLICANTS IN THE

FAIRFIELD AREA MUST BE POSTMARKED OR HAND DELIVERED NO LATER THAN MAY 1ST EACH YEAR.

OUT OF TOWN APPLICANTS: ALL APPLICATIONS FROM OUT OF THE AREA APPLICIANT'S MUST BE

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SEND COMPLETED APPLICATIONS TO:

DOGAN ALUMNI ASSN SCHOLARSHIP *C/O EDWARD JOHNSON, JR.*PO BOX 1252
FAIRFIELD, TX 75840-0011

TEL: (859) 396-9692

DOGAN ALUMNI ASSOCIATION SCHOLARSHIP APPLICATION

US CITIZEN: [] YES [] N	NO		[] MALE	[] 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 (If yes, submit the full name (include	maiden name), address and t	telephone number of the D	,	
NAME:				
Address:	0	CITY	ST	_ ZIP
CURRENT MEMBER OF WHAT ORGA	NIZATIONS:			
				
HOW DID YOU HEAR ABOUT THIS SC	HOLARSHIP?			
·		·····		
CURRENT CLASSIFICATION (C	Check one)			
[] HIGH SCHOOL SENIOR [] COL	LLEGE FRESHMAN [] COL	LEGE SOPHOMORE []	COLLEGE JUNIOR []	COLLEGE SENIOR
WHAT IS YOUR CUMULATIVE G	PA (GRADE POINT AVERA	GE)?		_
EDUCATION BACKGROUND (F	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 admission subm Complete this section only if it applies to you beside the one you most likely will attend.		on of acceptance has been received	d, place an asterisk (*)
COLLEGE / UNIVERSITY	7	LOCATION	CONFIRMATION RECEIVED
LIST ACADEMIC AWARDS OR HONORS YOU	HAVE RECEIV	ED:	
WHAT IS YOUR AREA OF CONCENTRATION/	SPECIALIZATI	ION? (WHAT IS YOUR MAJOR?):	
DATE OF ANTICIPATED DEGREE COMPLETION	ON:		
PLEASE DESCRIBE ANY COURSES YOU HAVE MAJOR:	E TAKEN, ACAI	DEMIC AND/OR JOB EXPERIENCES	RELEVANT TO YOUR

PLEASE DESCRIBE YOUR INVOLVEMENT IN ANY S	SOCIAL, CIVIC, OR COMMUNITY PROJECTS:
	
	
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WHAT LED TO YOUR INTEREST IN YOUR PARTICUTURE YOU ULTIMATELY PLAN TO PURSUE?	ULAR CONCENTRATION/SPECIALIZATION AND WHAT CAREER DO
IF YOU WOULD LIKE TO TELL US SOMETHING AB EXPRESS IT HERE:	OUT YOURSELF THAT WE DID NOT SPECIFICALLY ASK PLEASE
SIGNATURE:	Date: