



# Doran and Bina Dole Scholarship Application Form

(Please type or print – application may be found online at [www.rcacf.net](http://www.rcacf.net))

Name \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Social Security Number \_\_\_\_\_ Birth Date \_\_\_\_\_

Parent or legal guardian's name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

High School Name \_\_\_\_\_ Date of graduation \_\_\_\_\_

High School Cumulative Grade Point Average \_\_\_\_\_

Post-Secondary school you are planning to attend: \_\_\_\_\_

What is your intended? \_\_\_\_\_

Do you have a genuine disability? If so, please explain.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Evidence of financial need is required to be used in determining recipients in cases of equal merit.

FAFSA information provided is: \_\_\_\_\_ actual \_\_\_\_\_ estimated.

Please list any extenuating circumstances that might affect financial need that we should know about. (Medical bills, recent death in the family, etc.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

- Attach a copy of your official high school transcript.
- Attach a copy of your FAFSA.
- Attach a copy of your resume.