



Application Instructions

Thank you for your interest in Doane College! At Doane, we encourage applications from students who value the experience gained from a liberal arts and sciences education. Students who are engaged as leaders and learners will contribute to and benefit from the opportunities at Doane. We also appreciate the varied perspectives that students of diverse backgrounds, talents and interests bring to our campus community.

If you have any questions about the application process, please contact the Office of Admission. As we evaluate your application, we welcome you to explore Doane online or in person. Schedule a visit tailored to your interests and goals online at www.doane.edu/visit.

WAYS TO APPLY

- Submit the enclosed paper application (to be mailed to the Doane College Office of Admission)
- Apply online at www.doane.edu/applynow

WHEN TO APPLY

Applications are accepted on a rolling basis, so you may apply at any time. Notification of admission decisions will be sent approximately three weeks following receipt of all application materials.

APPLICATION CHECKLIST

FIRST-YEAR STUDENTS

- Apply to Doane using the attached form or online at www.doane.edu/applynow
- Submit high school (secondary school) transcript(s)
- Submit official ACT or SAT scores

TRANSFER STUDENTS

- Apply to Doane using the attached form or online at www.doane.edu/applynow
- Submit your final high school (secondary school) transcript(s)
- Submit transcripts from each college and/or university attended
- Submit official ACT or SAT scores *only* if you have completed fewer than 24 semester credit hours

INTERNATIONAL STUDENTS

- Please contact the Office of Admission at admission@doane.edu for specific application instructions

QUESTIONS?

Doane College | Office of Admission
1014 Boswell Avenue | Crete, NE 68333

PHONE: 402.826.8222 | 800.333.6263 FAX: 402.826.8272
E-MAIL: admission@doane.edu | WEB: admission.doane.edu

Admission Application

CONTACT INFORMATION

I am applying as a: First-Year Student Transfer Student International Student

I am applying for the term: Interterm '09 Spring '09 Fall '09 Interterm '10 Spring '10 Fall '10

Name: _____
First Middle Last Former Last Name Nickname

Mailing Address: _____

City: _____ State: _____ ZIP: _____ Country: _____

E-mail: _____

Phone (H): _____ (C): _____

PERSONAL INFORMATION

Social Security Number: _____ - _____ - _____ Date of Birth (mm/dd/yyyy): _____ - _____ - _____
(Required if you plan to apply for federal financial aid)

Gender: M F Ethnicity *(Optional)*: Hispanic or Latino Not Hispanic or Latino

Race *(Select one or more)*: American Indian or Alaska Native Asian Black or African American
 Native Hawaiian or Other Pacific Islander White

Citizenship: U.S. Citizen U.S. Permanent Resident Other
 If you are not a U.S. Citizen, please specify nation of citizenship: _____

Religious Affiliation *(Optional)*: _____

ENROLLMENT INFORMATION

High School Name (Secondary School): _____ Graduation Date (mm/yyyy): _____

Address 1: _____ Address 2: _____

City: _____ State: _____ ZIP: _____ Country: _____

Extracurricular Club or Activity:	Grade participated in:	Plan to participate in college?
_____	<input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	<input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	<input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	<input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12	<input type="checkbox"/> Yes <input type="checkbox"/> No

List any scholastic distinctions or honors received since the ninth grade (e.g. National Merit, Honors Society, Cum Laude):

List all colleges/universities at which you have taken courses for credit. *Please have an official transcript sent from each college and/or university attended to the Doane College Office of Admission.* (Required for Transfer Applicants)

Possible academic areas of study: (1) _____ (2) _____

Possible career goals: _____

Would you like information on visiting Doane College? Yes No

FINANCIAL INFORMATION

Will you be applying for federal financial aid? Yes No

Will you be applying for any athletic or fine and performing arts scholarships? Yes No

If you answered "Yes," please check the top two scholarship(s) you are most interested in receiving:

- | | | | | | |
|-------------------------------------|--|------------------------------------|---|-----------------------------------|--|
| <input type="checkbox"/> Art | <input type="checkbox"/> Cross Country | <input type="checkbox"/> Football | <input type="checkbox"/> Instrumental Music | <input type="checkbox"/> Softball | <input type="checkbox"/> Track & Field |
| <input type="checkbox"/> Baseball | <input type="checkbox"/> Cheerleading | <input type="checkbox"/> Forensics | <input type="checkbox"/> Piano | <input type="checkbox"/> Tennis | <input type="checkbox"/> Vocal Music |
| <input type="checkbox"/> Basketball | <input type="checkbox"/> Dance Team | <input type="checkbox"/> Golf | <input type="checkbox"/> Soccer | <input type="checkbox"/> Theatre | <input type="checkbox"/> Volleyball |

FAMILY INFORMATION

Please select your parents marital status: Married Separated Divorced Never Married Widowed

PARENT/GUARDIAN #1 INFORMATION

Full Name: _____ Gender: Male Female Living: Yes No

Mailing Address: _____ Relationship to Applicant: _____

City: _____ State: _____ ZIP: _____ Country: _____

E-mail: _____ Phone (H): _____ (C): _____

Employer/Business Name: _____ Position/Occupation: _____

Highest Educational Level Completed:

- | | | |
|--|--|--|
| <input type="checkbox"/> No High School | <input type="checkbox"/> Some High School | <input type="checkbox"/> High School |
| <input type="checkbox"/> General Education Diploma (GED) | <input type="checkbox"/> Vocational/Tech. | <input type="checkbox"/> Some College |
| <input type="checkbox"/> Associate's Degree | <input type="checkbox"/> Bachelor's Degree | <input type="checkbox"/> Advanced Degree (e.g. Master's, Ph.D., J.D, M.D.) |

PARENT/GUARDIAN #2 INFORMATION

Full Name: _____ Gender: Male Female Living: Yes No

Mailing Address: _____ Relationship to Applicant: _____

City: _____ State: _____ ZIP: _____ Country: _____

E-mail: _____ Phone (H): _____ (C): _____

Employer/Business Name: _____ Position/Occupation: _____

Highest Educational Level Completed:

- | | | |
|--|--|--|
| <input type="checkbox"/> No High School | <input type="checkbox"/> Some High School | <input type="checkbox"/> High School |
| <input type="checkbox"/> General Education Diploma (GED) | <input type="checkbox"/> Vocational/Tech. | <input type="checkbox"/> Some College |
| <input type="checkbox"/> Associate's Degree | <input type="checkbox"/> Bachelor's Degree | <input type="checkbox"/> Advanced Degree (e.g. Master's, Ph.D., J.D, M.D.) |

SIBLING INFORMATION

Please list the names and ages of your brothers and/or sisters: _____

DOANE COLLEGE ALUMNI RELATIVES

Please list any relatives who may have attended Doane College (please give name and relationship): _____

CERTIFICATION

By signing below, I certify that all information in my application is my own work, factually true, and honestly presented.

Applicant's Signature: _____ Date: _____