

*Dillard /Goldsboro Alumni and Friends, Inc. Scholarship Application*

POST OFFICE BOX 1051, 801 POPLAR STREET, GOLDSBORO, NORTH CAROLINA 27533



**DONOR INFORMATION FORM**

Donor(s) Name \_\_\_\_\_

Address \_\_\_\_\_

*Street*

*City*

*State*

*Zip*

Telephone Number \_\_\_\_\_

*Home*

*Mobile*

E-Mail Address (If Applicable) \_\_\_\_\_

Name of Scholarship \_\_\_\_\_

In Memory of (If Applicable) \_\_\_\_\_

In Honor of (If Applicable) \_\_\_\_\_

Amount of Scholarship \_\_\_\_\_

Check the one that applies:  One time gift to one recipient

Continue gift for \_\_\_\_\_ year(s) to the recipient

Specific requirement(s)

Check the one that applies:

Any college bound student

Specific area of study (math, engineering, business, education, nursing, etc.)

Major: \_\_\_\_\_

Please submit this form with your donation by May 1, 2013 to:

Dillard/Goldsboro Alumni & Friends, Inc  
Scholarship Chairman  
P. O. Box 1051  
801 Poplar St.  
Goldsboro NC 27533

We hope we will see you at the Awards Night Program on Thursday, May 23, 2013. Please let us know if you will be present to award your scholarship.

**Check the one that applies:**

Yes - I (we) will present the scholarship award.

No - I (we) will not present the scholarship award. Please present the scholarship on my behalf.

Again, please accept our appreciation for your generosity.

Patricia Burden, National Chairperson  
The DGAF, Inc. Scholarship Committee