Dillard/Goldsboro Alumni & Friends, Inc.

POST OFFICE BOX 1051, GOLDSBORO, NC 27533

SCHOLARSHIP DONOR INFORMATION FORM

Questions Email dgafscholarship@gmail.com Call/Text 980-285-3561

DONOR(S) Name		Date
Mailing Address		
Telephone Number	 Home	Cell Phone
E-Mail Address (<i>If applicable</i>)		
Name of Scholarship		
In Memory of (<i>If applicable</i>)		
In Honor of (<i>If applicable</i>)		
Amount of Scholarship		
Check the one that applies	One time gift to one r	ecipient
	Continue gift for	year(s) to the recipient
Specific requirement(s): Check	the one that applies:	
Any College bou	nd student	
Specific area of	study (math, engineering, busir	ness, education, nursing, etc.)
Specific College	or university	
Additional Information:		

Please submit this form no later than April 30th. Donations should be received by May 7th.

Dillard / Goldsboro Alumni and Friends, Inc.
ATTN: Scholarship Committee
P.O. Box 1051
Goldsboro, NC 27533

Chandra Shackleford Robinson '94

Scholarship Chairperson