Dillard /Goldsboro Alumni and Friends, Inc.
Scholarship Application

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

Disclaimer: **DGAF, Inc. provides scholarships and awards for eligible Goldsboro High School and neighboring area graduates, to students in other local Chapter areas (DC, NJ, NY,CLT, GA, GSB, TRI), and to legacy heirs (students whose parent(s) or grandparent(s) attended Dillard/Goldsboro High School).).** ***Please review the entire application prior to completion and submission.***

Personal Information – (application must be typed or printed in blue or black ink)

(Information on this application will be kept confidential)

1._____ _____
Last Name First Name Middle Initial Date of Birth

2._____ _____
Mailing Address City, State, Zip Code Home Telephone Number

XXX - XX - _____ _____ _____
Last 4 Social Security No. Email Address Student Employer / phone no.

Academic Information (*To be completed by your Counselor Only*)

_____ _____ _____out of_____ SAT/ACT: Verbal: _____
Name of High School Attended GPA (4.0 scale) Class Rank Math:_____
Writing_____
weighted_____ Total_____

_____ _____
Counselor's Signature School's Phone No.

Additional Information

College Choice_____Yearly cost $_____

Have you been accepted? Yes_____No_____If not, when did you apply? _____

Intended College Major: _____

Are your parents graduates of Dillard High School or Goldsboro High School? Yes_____No_____If yes, which school _____

How are you affiliated with DGAF, Inc. or who informed you about this scholarship? :_____Class of _____

Parent Information

Name	**Occupation/Employer**	**Annual Gross Income**
_____ Mother	_____	$_____
_____ Father	_____	$_____
Additional Income (child support, investments, rents, etc)		$_____
	TOTAL INCOME	$_____

Number of Dependent Children: _____

Number in College Next Year: _____

Have you filed your FAFSA Form? Yes_____No _____

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List All Scholarships You have Received (Continue on back)

	Name of Scholarship	Amount	Is It Renewable?
1.	_____	_____	Yes____No_____
2.	_____	_____	Yes____No_____

Signatures

I certify the information on this application is complete and accurate. If it is not, I understand that I will not be considered for a scholarship with this organization.

_____ _____
Signature of Student Date

_____ _____
Signature of Parent/Guardian Date

Please submit 7 assembled application packets that include the following items:

1. Original application
2. Resume of Honors and Activities (school, community, church, etc.).
3. Essay regarding your financial need and future plans (limit to 2 to 3 paragraphs)
4. Two (2) letters of recommendation (employer, church member, community member, or school faculty member who is familiar with your needs and qualifications)

Return this completed application and submit all required documentation by April 16, 2021 to: the DGAF Representative in your area. All applications must be submitted in hard copy not by computer.

DGAF Scholarship Chair

Ms. Patricia Burden
DGAF Scholarship Bd. Rep.

1500 King Drive
Goldsboro, NC 27530

Atlanta GA Area

Mr. Cecil McKeithan
DGAF Scholarship Rep.

400 Cambellton Rd. SW Apt M11
Atlanta GA, 30311

Triangle Area

Mr. Joanne Davis
DGAF Scholarship Rep

4300 Galletree Lane
Raleigh, NC 27616

New Jersey Area

Mr. John Carmichael
DGAF Scholarship Rep.
14B James Monroe Dr
Monroe, NJ 08831

Charlotte, NC Area

Mrs. Chandra Shackleford
DGAF Scholarship Rep
240 Montibello Dr.
Mooresville, NC 28117

New York Area

Ms. Dawn Mooreland
DGAF Scholarship Rep
107 Leslie St.
Goldsboro, NC 27530

DC/M/VA Area

Mrs.Brenda Roach
DGAF Scholarship Rep.
1937-2021

If supportive assistance is needed, please contact your local scholarship representative.

Wayne County students must submit the application to your school counselor. All other candidates must submit the application to your DGAF Area Representative.