

NEBRASKA INDEPENDENT COLLEGE FOUNDATION

DOANE COLLEGE

SCHOLARSHIP AWARDED:

NAME OF STUDENT:

ADDRESS:

HOMETOWN:

EXPECTED DATE OF GRADUATION:

YEAR IN COLLEGE:

MAJOR(S):

MEETS GPA GUIDELINE REQUIREMENT:

Yes No
(If no, please explain)

EXTRACURRICULAR ACTIVITIES:

AWARDS OR HONORS RECEIVED:

CAREER GOALS:

PERSONAL HOPES FOR THE FUTURE:

PERSONAL MESSAGE TO MY DONOR: