Scholarship:			
	Scholarship Donor Questionnaire		
1.	Please provide the educational background of named individual including secondary and post-secondary institutions.		
2.	Please provide an employment history (if applicable).		
3.	Please list community involvement including volunteer work and organizational affiliations.		
4.	Please provide a summary of what higher educational achievement means/meant to the named individual.		
5.	Please provide a brief family history.		

6.	Why was the donation made to Monroe County Community College?	
7.	What did making the donation mean to you and/or the named individual?	
8.	Please provide any other information you would like included.	
9.	Please provide a quote regarding the scholarship.	
Pleas	e remember to enclose a photograph of the named individual(s).	
Name of person completing form:		
Contac	t telephone number:	
Email	address:	
	return this form to:	
By em	ail: jmyers@monroeccc.edu	
or		
Mail to	The Foundation at Monroe County Community College 1555. S. Raisinville Rd. Monroe, MI 48161-9746	