

Loban Scholarship Information Form

Nominee's Information:

Name: _____

Address: _____

City, State and Zip Code: _____

Phone Number: _____ Cell Number: _____

Email Address: _____

Graduated From: _____

Year of Graduation: _____

College Attending: _____

Nominated by:

Name: _____

Address: _____

City, State and Zip Code: _____

Phone Number: _____ Cell Number: _____

Email Address: _____

Position: _____

Mail to:

Loban Memorial Inc.

PO Box 8091 Brookings SD 57006

Please visit the FAQ's page at www.aaloban.com for more information.