



Tab through the fields to complete the form on your computer, or print out the application and type or print neatly.

Date: _____

Name: _____

Date of Birth: _____ Male _____ Female _____

Address:

(Street) (City/Town) (State) (Zip Code)

Telephone: _____ Cell Phone: _____ Email: _____

If applicable, please name the school you are presently attending:

School Address:

(Street) (City/Town) (State) (Zip Code)

Your current status: _____

Please list colleges or institutions from which you have graduated:

If applicable, please list colleges or institutions to which you have been accepted for graduate studies:

Please list your current extracurricular activities, volunteer experience, and community service:

Judge Robert S. Prince Scholarship Application

Please list any unusual expenses: (Extraordinary Medical or Hardship Expenses, Etc.)

Applicant's Employer: _____

Address:

(Street) (City/Town) (State) (Zip Code)

Current Position: _____

Contact Person: _____ Employer phone #: _____ Ext: _____

Monthly/weekly earnings: _____ How long employed: _____

PLEASE BE SURE TO INCLUDE *(IMPORTANT: Applications without all required information cannot be considered.)*

1. Certified copy of birth certificate OR proof of legal residency
2. Please provide your most recent official academic transcript.
3. On a separate sheet of paper, please write an essay of between 500 and 600 words on why you have chosen to pursue a service oriented career, and what you plan to do with your degree or certification upon completion of your education.
4. Identify the course of study you will pursue: _____

Please submit this application and all associated documents to:

THE GODDARD FOUNDATION

43 Belmont Street, Suite C
So. Easton, Massachusetts 02375
ATTN: Maria O'Connell Unda, Executive Director

Note: *You may reapply annually for the Judge Robert S. Prince scholarship.*

By signing below, I am attesting that I completed this application truthfully. I understand that false or misrepresented information, statements, or facts will result in the disqualification of my application.

Signature of applicant:

PRINT OR TYPE NAME

DATE

SIGNATURE

Our mission is to educate, fund and support the general health of the community.

Form JP-SA, 2012 • page 2 of 2

Goddard Health Services, Inc. d/b/a The Goddard Foundation, 43 Belmont Street, Suite C, So. Easton, MA 02375 • 508-587-1114
info@thegoddardfoundation.org