

GODDARD HEALTH FOUNDATION SCHOLARSHIP APPLICATION

1. DESCRIPTION:

The **GODDARD FOUNDATION SCHOLARSHIP** is awarded to students who are planning to continue their education in the health care field. It is available to students who are enrolled in public schools, who are residents of BROCKTON, BRIDGEWATER, EAST BRIDGEWATER, EASTON, STOUGHTON, OR WEST BRIDGEWATER. If possible, two \$1,500 scholarships will be awarded to each town's public high school, with Brockton being eligible for four \$1,500 scholarships*. Each student must be enrolled or have been accepted into full-time, four year degree program. They must be a person of good character, demonstrate a financial need, and have a well-balanced interest in studies and extracurricular activities.

*Awards are all at the discretion of the Goddard Foundation Scholarship Committee; additional scholarships may be awarded. There will also be four \$1,500 scholarships available for adult/continuing education college students, who must also reside in one of the six towns listed above. Those students should call the office to request an application or go to our website and apply **www.TheGoddardFoundation.org**. This scholarship may be reapplied for whether or not you have previously won the award.

2. COMPLETED GODDARD FOUNDATION APPLICATION WITH ACADEMIC TRANSCRIPT AND ESSAY ** MAILED TO:

Goddard Health Foundation (508-587-1114)
C/O Attorney Maria Unda
43 Belmont Street, Suite C
South Easton, MA 02375

Other application forms will not be accepted.

Scholarship applications will be available at your town's public school guidance office, and high school seniors must be filed by April 1.

****Applications cannot be considered unless accompanied by an official academic transcript and essay.**

3. SCHOLARSHIP WINNERS WILL BE NOTIFIED BY MAIL:

This scholarship is a "second semester scholarship". (It will be payable during the second semester of the first year of college.) It will be the responsibility of each award winner to submit a copy of your first semester official transcript and second semester tuition bill to Attorney Unda (above) at the end of the first college semester. Award winners should mark their calendars accordingly.

No check will be issued without the required documentation. All documentation must be received no later than April 1st of the following year or the scholarship is void/ waived.

\$1,500 SCHOLARSHIP APPLICATION

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: _____

Please list school you are presently attending: _____

School Address:

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

HIGH SCHOOL SENIORS:

Please list colleges or institutions to which you have applied:

Please list colleges or institutions to which you have been accepted. If you have accepted admission to a college or university, please state which one.:

Please list your current extracurricular activities and volunteer experience:

The Goddard Foundation \$1,500 Scholarship Application

FAMILY HISTORY

This portion to be filled out by parent(s) or guardian(s)

Father/Guardian: _____

Address:

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

Telephone: _____ Cell Phone: _____ Email: _____

Employer:

Company Name: _____

Current Position: _____

Annual Income: _____

Mother/Guardian: _____

Address:

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

Telephone: _____ Cell Phone: _____ Email: _____

Employer:

Company Name: _____

Current Position: _____

Annual Gross Income: _____

Parent(s') Assets:

Do you own your home? Yes _____ No _____ Monthly payment: _____

If yes: Present value: _____ Unpaid mortgage: _____ Equity: _____

Do you rent? Yes _____ No _____ If yes, monthly payment: _____

The Goddard Foundation \$1,500 Scholarship Application

Please list other investments: (Savings, IRA Accounts, Real Estate, etc.)

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

Please list dependent siblings:

Name: _____ Age: _____ School: _____

Name: _____ Age: _____ School: _____

Name: _____ Age: _____ School: _____

Name: _____ Age: _____ School: _____

Name: _____ Age: _____ School: _____

Applicant's employer: _____

Current Position: _____ Employer phone #: _____

Monthly/weekly earnings: _____ How long employed: _____

ALL APPLICANTS:

1. Please provide your most recent official academic transcript.
2. Identify the course of study you will pursue: _____
3. On a separate sheet of papers, please write a paragraph [250 words or less] as to why you have chosen to pursue a career in the health care industry and what you plan to do with your degree or certification upon completion of your education.

*****IMPORTANT: Applications without essays will not be considered.*****

CERTIFICATION

WE HAVE REVIEWED THIS APPLICATION FOR OMISSIONS AND/OR ERRORS. TO THE BEST OF OUR KNOWLEDGE, THE INFORMATION REPORTED IS COMPLETE AND CORRECT. WE AGREE TO INFORM YOU OF ANY MAJOR CHANGES IN OUR FINANCIAL STATUS AND TO SUBMIT SUCH FURTHER INFORMATION AS YOU MAY REQUIRE.

Signature of parent[s] or guardian[s] if applicable:

(Required for dependent students.)

PARENT/GUARDIAN

DATE

PARENT/GUARDIAN

DATE

APPLICANT

DATE

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 a Goddard Foundation scholarship.

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