



Prince Henry Society of Mass., Inc.



New Bedford Chapter
PO Box 6726 -- New Bedford Ma 02742

SCHOLARSHIP APPLICATION

Applications must be filed no later than **April 1st**

- This application must contain accurate and detailed information and must be accompanied by a transcript of Scholastic Record, which should include most recent class rank and S.A.T. scores.
- Eligibility requirements: Any graduating senior of some Portuguese descent seeking an undergraduate or associate degree from an accredited college or university.
- A resident of the Greater New Bedford area.
- Each question or request for information must be answered accurately and completely.
- Please enclose one letter of recommendation from either your clergyman, guidance counselor or teacher of a major subject.

Failure to do so will result in disqualification.

APPLICANT'S INFORMATION (Please print clearly)

Name in full: _____ Telephone number: () _____
 Home address: _____ City: _____ State ____ Zip _____
 Place of Birth: _____ Date of Birth: _____
 E-mail address: _____ School now attending: _____

FAMILY INFORMATION

Father's/guardian's name: _____ Occupation _____
 Address: _____ Annual Salary _____
 Place of business: _____ Other income _____
 Mother's maiden name: _____ Occupation _____
 Address: _____ Annual Salary _____
 Place of business: _____ Other income _____

Excluding you and your parents, please complete the information requested for all those living in your household. Including any siblings away at school for whom your parents have responsibility (include grandparents if they live with you).

Name	Age	School attending	Year in school	cost of		income or aid rec'd
				tuition	board	

If you have a reason for not answering one of the above questions, please explain here:

COLLEGE INFORMATION

First choice _____ Have you been accepted? _____
Total estimated yearly college cost: _____

Second choice _____ Have you been accepted? _____
Total estimated yearly college cost: _____

How much will your family be contributing to your college costs for your first year? (This should be based on what your family can pay. Not on any designated formula.)

EMPLOYMENT

Employer	hourly wage	Average number of hours you work during school year.

EXTRACURRICULAR ACTIVITIES (itemize by school year)

FUTURE PLANS (Please limit your answers to the space provided)

What are your career objectives?

What are your reasons for this career choice?

Why is a college education important to you and what contributions do you see yourself making to your community or to society?

YOUR HERITAGE (Please limit your answer to the space provided)

What does your heritage mean to you? This question is very important. Think seriously about your answer.

ENDORSHIP

Have you experienced a personal hardship which may have had an effect on your academic standing? If so please explain:

RELATIVE MEMBER OF PRINCE HENRY SOCIETY?

Name: _____ Relationship _____
Name: _____ Relationship _____

APPLICANT

I hereby authorize the Prince Henry Society Scholarship Committee to review information pertinent to their decision on my application with my school guidance counselor.

Applicant signature: _____

Parent/Guardian signature: _____

TO BE COMPLETED BY SCHOOL GUIDANCE DEPARTMENT

Class rank _____ Class size _____

SAT scores Verbal (writing) _____ Math _____ Total _____

Signature of Guidance Counselor: _____

PLEASE RETURN COMPLETED APPLICATION TO

Mr. Robert A. Gaspar
Scholarship Committee
384 Faunce Corner Road
Dartmouth MA 02747

DUE NO LATER THAN APRIL 1ST