



# 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 8th**

- 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. ***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.)

### EMPLOYEMENT

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

### EXTRA CURRICULAR 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.

**HARDSHIP**

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

**RECOMMENDATION**

Please enclose one letter of recommendation from your clergyman, guidance counselor or a teacher of a major subject.

**RELATIVE OF MEMBER OF PRINCE HENRY SOCIETY?**

Name: \_\_\_\_\_ Relationship \_\_\_\_\_  
Name: \_\_\_\_\_ Relationship \_\_\_\_\_

**AFFADAVIT**

I hereby authorize the Prince Henry Society Scholarship Committee to review information pertinent to their dedecision 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 8th**

