PLYMOUTH COUNTY FAMILY SUPPORT INC.

Scholarship Application

PLYMOUTH COUNTY FAMILY SUPPORT INC.
36 CORDAGE PARK CIRCLE SUITE 305
Plymouth, Ma 02360

Plymouth County Family Support Inc.

Date: _____

Name of Scholarship Applicant: _____

Address: _____ City_____ State_____ Zip_____

Phone: _____ Cell _____

Email: _____

Name of High School: _____

High School Address: _____

Please list below your participation in sports teams, clubs, and extra-curricular activities. Please include years of participation.

_____
_____
_____
_____
_____

High School GPA: _____

Name of College you will be attending: _____

College Address: _____

What studies will you be enrolled in:

_____

Please list any volunteer work or community service activities:_____
_____
_____
_____
_____
_____

MUST BE INCLUDED WITH APPLICATION

A one-page essay detailing how a fellow student or a person with a developmental disability or Autism has impacted your life or how you have impacted theirs.

2 references from either a teacher, guidance counselor, sports coach, parent of a child with special needs that you have worked closely with or someone else in your community.

All applications must be returned to Plymouth County Family Support no later than **March 31, 2026**

Please return all applications and essays to:

Cari Robbins

Plymouth County Family Support Inc.

36 Cordage Park Circle

508-927-4520 ext. 103

carir@pcfamilysupport.org

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