



**Golconda Prince Hall Shriners, Inc.  
Scholarships Application Package  
Illustrious Potentate Noble David Edouard  
Dr. William B Robinson College Scholarship Grant**

**Chairman**

Romaine Taylor

(862) 233-1638

**Vice-Chairman**

Noble Raymond L. Smith

1-917-331-3916

**Board Member**

Noble Richard Scott

1-732-439-0023

**Board Member**

Noble Levi Barnes

1-973-534-5775

**Board Member**

Noble Walter Wimbush

1-908-463-4542

**Board Member**

Noble Richard McWilliams

1-862-304-1043

**Board Member**

Albert Martinez

646-261-7364

## ELIGIBILITY

Currently enrolled high school seniors who are eligible to attend a two- or four-year college or university can apply. Applicants must be legal U.S. residents, be less than 21 years of age, reside within the geographic boundaries of New Jersey, and perform 50 hours of verifiable community service.

## APPLICATION REQUIREMENTS

Eligible students must submit a complete application and attach all of the required documentation; otherwise, their application will not be reviewed.

- **Application must be postmarked or emailed no later than July 11, 2026**

## SCHOLARSHIP TERMS & CONDITIONS

Scholarship recipients must be accepted/enrolled in and attend a two- or four-year accredited college or university in the academic year following their selection. Verification of acceptance /enrollment is required. The scholarship fund will be paid directly to an award recipient after acceptance or enrollment in an institution of higher learning has been confirmed.

## SUPPORTING DOCUMENTS

- Transcripts, Personal Statement, Letter of Recommendation, Acceptance Letter from colleges or universities, (DMV) Photo identification Card, Proof of address, i.e., utility bills. A certified high school transcript that contains the student's class rank and test scores must be submitted with the attached application.
- Applicants must submit a personal statement that provides information about their background, community involvement, career goals, and desire to contribute to their community. Information about unique personal financial circumstances. Personal statements must not be more than two pages in length.
- A one-page letter of recommendation from one of the applicant's teachers or a school official is required. The letter should detail the applicant's background, achievements, leadership abilities, and community involvement. Letters should contain personal, personalized information about the applicant.
- Applicants who are selected must be available for an in-person interview with the Scholarship Committee, if necessary.

## CERTIFICATION AND RELEASE

All applicants and, where appropriate, their parent or guardian, must sign the attached application, certifying that all information provided is true and complete to the best of their knowledge. Upon submission of the completed application, applicants grant the Golconda Prince Hall Shriners, Inc. the right to use any information contained in the application to promote and publicize the

Program, or as legally required or permitted by law.

### **SUBMISSION OF THE APPLICATION**

All completed applications must be postmarked on or before Friday, July 03, 2026. Incomplete applications will not be considered. All completed applications and supporting documentation must be sent by email to:

**Scholarship Administrator:  
Noble Romaine Taylor**

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[golcondascholarships@gmail.com](mailto:golcondascholarships@gmail.com)

**Phone 1- (862) 233-1638**

**Illustrious Potentate Noble David Edouard**

**Dr. William B Robinson College Scholarship Grant**

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**APPLICANT GENERAL INFORMATION (Please print or type)**

First Name \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_

Permanent Address # \_\_\_\_\_ Street \_\_\_\_\_ Apt.# \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Home Telephone Number ( ) \_\_\_\_\_ - \_\_\_\_\_ Alternate Phone Number ( ) \_\_\_\_\_ - \_\_\_\_\_

Male

**APPLICANT ACADEMIC STATUS and HIGH SCHOOL INFORMATION**

Grade Point Average \_\_\_\_\_ Class Rank \_\_\_\_\_ SAT Score \_\_\_\_\_ High School:

\_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip: \_\_\_\_\_

High School Counselor's Name: \_\_\_\_\_

High School Counselor's Office Telephone Number: ( ) \_\_\_\_\_ - \_\_\_\_\_ Ext. \_\_\_\_\_

High School Counselor's E-mail address: \_\_\_\_\_

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**FAMILY INFORMATION**

Parent/Guardian:

First \_\_\_\_\_ Last \_\_\_\_\_ Relationship \_\_\_\_\_

Parent/Guardian:

First \_\_\_\_\_ Last \_\_\_\_\_ Relationship \_\_\_\_\_

Phone number ( ) \_\_\_\_\_ - \_\_\_\_\_ Alternate phone number ( ) \_\_\_\_\_ - \_\_\_\_\_

Total number of dependents in the immediate family: \_\_\_\_\_

Is your Sponsor, Immediate Family Member, or Guardian a member of the A.E.A.O.N.M.S.

(Prince Hall Affiliation)? \_\_\_\_\_  
If "Yes", list name, Temple, or Number

( ) Check if father or guardian is deceased and was a Shriner in good standing

\_\_\_\_\_  
Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_  
Parent or Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**COLLEGE OR UNIVERSITY INFORMATION**

Intended Major: \_\_\_\_\_

Name of colleges or universities you have applied to attend or have been accepted/enrolled:  
(attach acceptance letter)

State: \_\_\_\_\_ Name: \_\_\_\_\_

State: \_\_\_\_\_ Name: \_\_\_\_\_

State: \_\_\_\_\_ Name: \_\_\_\_\_

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**CERTIFICATION AND AUTHORIZATION**

All of the information that I have provided in this application and the enclosed letters is true and complete, to the best of my knowledge. I certify that I am currently enrolled and in good standing as a senior in high school, accepted for full-time enrollment to a two- or four-year college or university for the 2026-2027 academic year, and am eligible to receive scholarships granted under the Golconda Prince Hall Shriners, Inc. Scholarship program. I hereby authorize Golconda Prince Hall Shriners, Inc. to use any information contained in this application to promote and publish the Scholarships, or as legally required or permitted by law.

Applicant's Signature (required) \_\_\_\_\_ Date: \_\_\_\_\_

Parent or Guardian's Signature (required) \_\_\_\_\_ Date: \_\_\_\_\_

# Golconda Prince Hall Shriners, Inc.

## Authorization for Release of Records

To comply with the provisions of the Family Educational Rights and Privacy Act of 1974, permission is hereby given to the applicant's school officials to release the applicant's secondary school record and other requested information for consideration in the Golconda Prince Hall Shriners, Inc. Scholarship Program.

Applicant's Signature (required) \_\_\_\_\_ Date: \_\_\_\_\_

Parent or Guardian's Signature (required) \_\_\_\_\_ Date: \_\_\_\_\_  
(Required if applicant is under 18 years of age)

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### **For Committee Purpose Only**

Certified by:  
Signature of Illustrious Recorder \_\_\_\_\_ Date: \_\_\_\_\_

Attest:  
Signature of Chairman \_\_\_\_\_

Date: \_\_\_\_\_ Award: YES / NO Amount: \$ \_\_\_\_\_