



Charles Robert Goins Award

Charles Robert Goins Award for Outstanding Achievements by a Planning Student

Application Form 200__

Name: _____ date submitted: _____

Social Security Number: _____

Citizenship: ____ US ____ Other (please specify) _____

Home Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____

Campus Address: _____

City: _____ State: _____ Zip: _____

Campus phone: _____ E-Mail address: _____

School where you are currently enrolled: _____

Current Program (must be an APA accredited program): (EX: Masters of City and Regional Planning)

Name of Advisor: _____

Phone Number: _____ or E-Mail: _____

Date you plan to complete your degree: Month _____ Year: _____

Cumulative GPA for your Planning Program: _____

List any employment (including volunteer/ internship) that you have held in the planning or related field:

Type of Work:

Employer:

Employed dates

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