The Sunshine Approach Educational Scholarship Application

Deadline November 23, 2024

The Sunshine Approach offers (two) \$500 Educational Scholarships to applicants who best demonstrate the philosophy of the Sunshine Approach

- Shows leadership and extra-curricular activities within their community
- Shows an interest in careers of Health Management, Nursing, Insurance, Business Management or Risk Management
- Shows strong verbal, written and interpersonal communication skills
- Pays attention to detail and accuracy and has a strong sense of timeliness for task completion
- Satisfies each person's needs with excellent service skills and exceeds their expectations

Applicants must provide <u>3 recommendation letters.</u> These will Include 1 each from a teacher, an employer, and a community supervisor for volunteer service.

Send all documents and completed application to the SunshineApproach Foundation (FAX) 561-965 -3117, the Sunshineapproach@aol.com, or mail to

The SunshineApproach Foundation

c/o Frank Goldsmith 9927 Pine Dust Ct. Lake Worth, FL 33467

For questions or further information please call 561-309-2982 and ask for Frank Goldsmith.

APPLICANT INFORMATION

Full Name	Date of Birth
Permanent Address	
Primary Phone No	_ Alternate Phone No
Email Address	
Please Check one:High Sch	nool SeniorHigh School Graduate
College student	
Social Security Number:	
EDUCATIONAL BACKGROUND	
High School and College	
Four-year cumulative GPA:	High School Graduate Date
College you plan to attend	Major
Four(4) year cumulative GPA: _	Senior Year/College GPA:
SAT Score ACT Score	
Please provide proof of all degr	ees, and GPA scores and tests
HONORS AND AWARDS	
Honors and/or Awards Received	d
1:	2:
Must show proof of citizenship	by birth certificate or legal residency .
AFFIDAVIT	
Applicant Signature	Date:
Parent/Guardian Signature	Date:

Scholarship Agreement with Publicity Release

The Sunshine Approach Foundation Scholarship Authorization/Agreement

I understand that scholarships granted by The Sunshine Approach Foundation are

Benevolent awards and these are made based on the funds available to The Sunshine Approach Foundation organization and upon the quantity and quality of applications each year. I understand that scholarship decisions are made by The Sunshine Approach Foundation Committee and its Board of Directors, and that they have discretion over the number and amount of scholarship awards each year.

I understand that this scholarship is for (one academic year) and that I am required to re-apply each year prior to the (date) deadline for consideration.

I hereby give consent to The SunshineApproach Foundation, its directors, officers ,designees to use my name and likeness in it's promotional materials, including but not limited to printed materials, its website and electronic media and I further consent to and authorize that The SunshineApproach may notify various media (including local newspaper, TV ,radio ,high school, college and educational institutions and online new outlets) of the award of a scholarship to me as well as other information concerning such an award including the name of my hometown, high school and the educational institution that I will be or am currently attending for college.

Signature of Applicant:	***
Under 18, Signature of Parent:	***************************************
Date:	ellennes and the second second second

Please return this authorization/agreement to The Sunshine Approach Foundation no later than November 23, 2024

Fax: 561-965-3117 or email to the SunshineApproach@aol.com or mail to the SunshineApproach 9927 Pine Dust Ct. Lake Worth, FL 33467