

Sunrise Points of Light Foundation Scholarship Application

TYPE OR PRINT ALL INFORMATION EXCEPT SIGNATURES
Completeness and neatness ensure your application will be reviewed properly.

Applicant Data

Last Name _____ First _____ Middle Initial _____

Permanent Home
Mailing Address _____ Apartment # _____

City _____ State _____ Zip Code _____

Social Security Number _____ Date of Birth: Month _____ Day _____ Year _____

Please indicate your status. (For statistical purposes only) Male _____ Female _____

_____ American Indian/Alaska Native _____ Black/African American _____ Caucasian

_____ Asian _____ Hispanic/Latino _____ Multi-Racial

_____ Native Hawaiian/Pacific Islander

Parent Or Guardian Information

Last Name _____ First _____ Middle Initial _____

Address _____

Relationship to Applicant _____ Day Telephone (____) _____

E-Mail Address _____ FAX Number (____) _____

High School Data

School Name _____ High School Graduation Date: Month _____ Year _____

City _____ State _____ Telephone (____) _____

Post Secondary School Data

Name of post-secondary school you plan to attend. (If unknown, please list in order of preference schools to which you have applied.) Use official school names. Do not use abbreviations.

_____ City _____ State _____

_____ City _____ State _____

Major course of study: _____ Expected graduation date: Month _____ Year _____

Degree Sought: _____

Personal Essay (Required)

Please respond to the following statement. Applicants who do not specifically address this statement will not be considered. Your essay should be no more than one page, typed and single-spaced. Include your name at the top of the page.

Please describe your interest or plans in a career in healthcare or palliative care.

If space provided in any section is inadequate, you may continue on additional sheets of paper using the same format. DO NOT repeat information already reported on the application form. Your name and address should be included on all attachments.

Work Experience

Describe your work experience during the **past four years** (e.g., food server, babysitter, lawn mowing, office work). Indicate dates of employment for each job and approximate number of hours worked each week. List amounts earned at each job.

Employer/Position	From-Mo/Yr	To-Mo/Yr	Hours per week	Amount Earned

Activities Awards And Honors

List all school or activities in which you have participated during the **past four years** (e.g., student government, music, sports, etc.). List all community activities in which you have participated without pay during the **past four years** (e.g., civic organizations, volunteerism). Note all special awards, honors and offices held.

Activity	No. of Years Partic.	Special Awards, Honors	Offices Held	Activity	No. of Years Partic.	Special Awards, Honors	Offices Held

Goals And Aspirations

Make a brief statement or summary of your plans as they relate to your educational and career objectives and long-term goals.

Unusual Circumstances

Please describe how and when any unusual family or personal circumstances have affected your achievement in school, work experience, or your participation in school and community activities.

Applicant Appraisal (Required)

To the Applicant: This section is required and must be completed in the format provided. If incomplete, your application will not be evaluated. This section is to be completed by a college counselor or advisor, an instructor, or a work supervisor who knows you well.

To the Adult Appraiser: You have been asked to provide information in support of this application. Please give immediate and serious attention to the following statements. When complete, please return to the applicant. If you prefer, photocopy this section and return to applicant in a sealed envelope. A letter of recommendation does not replace this section.

The applicant's choice of a post-secondary educational program is:	<input type="checkbox"/> extremely appropriate	<input type="checkbox"/> very appropriate	<input type="checkbox"/> moderately appropriate	<input type="checkbox"/> inappropriate
The applicant's achievements reflect his or her ability	<input type="checkbox"/> extremely well	<input type="checkbox"/> very well	<input type="checkbox"/> moderately well	<input type="checkbox"/> not well
The applicant's ability to set realistic and attainable goals is:	<input type="checkbox"/> excellent	<input type="checkbox"/> good	<input type="checkbox"/> fair	<input type="checkbox"/> poor
The applicant's commitment to school and/or community is:	<input type="checkbox"/> excellent	<input type="checkbox"/> good	<input type="checkbox"/> fair	<input type="checkbox"/> poor
The applicant is able to seek, find, and use learning resources	<input type="checkbox"/> extremely well	<input type="checkbox"/> very well	<input type="checkbox"/> moderately well	<input type="checkbox"/> not well
The applicant demonstrates curiosity and initiative	<input type="checkbox"/> extremely well	<input type="checkbox"/> very well	<input type="checkbox"/> moderately well	<input type="checkbox"/> not well
The applicant demonstrates good problem-solving skills, follow through, and completes tasks	<input type="checkbox"/> extremely well	<input type="checkbox"/> very well	<input type="checkbox"/> moderately well	<input type="checkbox"/> not well
The applicant's respect for others is:	<input type="checkbox"/> excellent	<input type="checkbox"/> good	<input type="checkbox"/> fair	<input type="checkbox"/> poor

Comments: _____

Appraiser's Name _____ Title _____ Telephone (____) _____
Signature _____ Organization _____ Date _____

Transcript Information An official transcript of grades **must** be sent with this application. On-line transcripts and grade reports are not acceptable.
Students **must** include transcripts of grades from each college or vocational school attended.

Application Checklist The student is responsible for submitting all materials to Sunrise Points of Light Foundation on time. Incomplete applications will not be evaluated. This application becomes complete and valid only when Sunrise Points of Light Foundation has received all of the following materials:

- | | |
|---|---|
| <input type="checkbox"/> Student Application with completed Applicant Appraisal | All materials, including transcripts, must be addressed to:
Sunrise Points of Light Foundation
105 N. Pasadena St.
Gilbert, AZ 85233 |
| <input type="checkbox"/> Current Complete Transcript(s) of Grades | |
| <input type="checkbox"/> Personal Essay | |

POSTMARK DEADLINE MAY 1st

Certification I acknowledge decisions of Sunrise Points of Light Foundation are final. I certify that the application is complete and accurate to the best of my knowledge. Falsification of information may result in termination of any scholarship granted. I give Sunrise Points of Light Foundation permission use my essay if selected for a scholarship.

Applicant's Signature _____ Date _____