

# ***THE SUNSHINE FLOWER SCHOLARSHIP APPLICATION***

APPLICATION DATE (mm/dd/yyyy): \_\_\_\_\_

## **STUDENT**

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

Date of Birth: \_\_\_\_\_ Social Security Number \_\_\_\_\_

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

Phone: \_\_\_\_\_ Home High School: \_\_\_\_\_

Expected Graduation Date: \_\_\_\_\_

Cumulative G.P.A.(Weighted) \_\_\_\_\_ (Non-Weighted) \_\_\_\_\_

## **FAMILY INFORMATION (or Guardian if applicable)**

	<u>Mother</u>		<u>Father</u>
Names:	_____	_____	_____
Address(es):	_____	_____	_____
Occupation:	_____	_____	_____
Income:	_____	_____	_____
Number of Children in Family and Ages:	_____		
	_____		

## **EDUCATIONAL INSTITUTION**

Accepted by \_\_\_\_\_  
(Name of Institution)

\_\_\_\_\_  
(Location)

1. Please attach your unofficial transcript to this application. Please write scores in spaces provided; not, "see attached".
2. Please list your activities at your high school, community (including service clubs or projects), sports, civic groups and church activities in which you have taken part.
3. Please attach a Letter of Recommendation from a teacher, coach, or group or church leader.
4. Please attach an essay on why you want a college education and how you might use it to help others. The document format should be typed, double-spaced, and may not exceed 500 words.

**The complete application package should be returned by April 15 to  
The Community Foundation of Carroll County, 255 Clifton Blvd. Suite 313, Westminster, MD 21157**

Please include all attachments for your application to be considered.  
**A Scholarship Fund of the Community Foundation of Carroll County, Inc.**