



A.W. BODINE-SUNKIST MEMORIAL SCHOLARSHIP APPLICATION

The A.W. Bodine-Sunkist Memorial Scholarship was established in memory of Arthur W. Bodine, a distinguished director of Sunkist Growers and a respected agricultural leader, to provide funds for undergraduate students from agricultural backgrounds who are in need of financial assistance to further their educations.

Qualifications are:

1. A background in California or Arizona agriculture – the student or someone in the student's immediate family must have derived the majority of his or her income from agriculture;
2. Financial need; and
3. GPA and extracurricular activities indicative of potential for success.

In addition, selection is based on a combination of college board test scores, an essay and references.

The scholarships are available to students entering any undergraduate grade level who are enrolled in or have applications pending at an accredited college and plan to pursue a course of study leading to a recognized degree. While the award amount may vary, it averages \$2,000.00 per academic year.

Scholarships are renewable, based on an annual review, for up to four years of full-time undergraduate study, and it may be extended under special circumstances. The recipients must maintain good academic and disciplinary standings, carry at least 12 graded units per term and earn a minimum 2.7 grade point average.

A complete application package is essential for consideration. Students must complete the confidential application which includes:

- Personal and financial information – including the most recent tax return (students under 21 must attach their parents' tax returns);
- A written essay discussing personal and agricultural background;
- Transcripts of grades and college board test scores; and
- Two references from teachers, school administrators, employers or community organizers.

Return your completed application to:

Claire Smith, Administrator
A.W. Bodine – Sunkist Memorial Scholarship Program
Sunkist Growers
P.O. Box 7888
Van Nuys, CA 91409-7888

APPLICATION MUST BE RECEIVED NO LATER THAN APRIL 30.

A.W. BODINE-SUNKIST MEMORIAL SCHOLARSHIP APPLICATION

Date _____

I. PERSONAL INFORMATION *(Please print or type)*

Name _____
LAST FIRST MIDDLE

Mailing Address _____ Tel () _____
NUMBER & STREET CITY STATE ZIP

Permanent Address _____ Tel () _____
NUMBER & STREET CITY STATE ZIP

Date of Birth _____ Place of Birth _____

Marital Status _____ Maiden Name _____

Social Security No. _____ AGES OF YOUR DEPENDENT CHILDREN _____

Names of Parents or Guardians _____

Ages of Sisters and Brothers _____

II. EDUCATIONAL INFORMATION

List your educational experience to date:

A.	NAME OF HIGH SCHOOL	DATES ATTENDED	GRADUATING DATE	DEGREES	GRADE PT. AVERAGE
	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____

B.	NAME OF COLLEGE	DATES ATTENDED	GRADUATING DATE	DEGREES	GRADE PT. AVERAGE
	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____

Your scholastic classification for the year you are requesting assistance:

Freshman
 Sophomore
 Junior
 Senior

Your grade point average is based on a: 4.0 or 5.0 scale.

Your expected degree:

BA BS Other (Please Explain) _____

Renewal applicants only: How many years have you been a Bodine-Sunkist Scholarship

Recipient? _____

Date of graduation: _____

Present Major _____ Proposed Occupation or Profession _____

School(s) or College(s) registered in/applied to _____

III. AN ESSAY (500 WORD MAXIMUM) DESCRIBING YOUR BACKGROUND AND GOALS MUST BE ATTACHED – EXPLAIN WHY YOU FEEL YOU SHOULD BE GRANTED A SCHOLARSHIP.

IV. ACTIVITY AND WORK INFORMATION *(Use separate sheet of paper if needed)*

List high school, college and community activities including offices held and awards received:

Organization	Offices / Awards	Period of Time
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

List work experience during the last four years:

Type of Work	Type of Company	Length of Time
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

V. AGRICULTURAL BACKGROUND

VI. OTHER SCHOLARSHIPS / GRANTS

Scholarships/Grants Applied For	Current Status	Amount
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

VII. PROJECTED EXPENSES AND FINANCIAL RESOURCES FOR THE ACADEMIC YEAR

Assuming that you are accepted by the college/university of your choice, please indicate your personal projected expenses and financial resources while attending school.

EXPENSES

EDUCATIONAL:

Tuition/Registration \$ _____
 Books _____
 Other _____

Sub Total – Educational \$ _____

LIVING EXPENSES:

Housing \$ _____
 Utilities _____
 Food _____
 Transportation _____
 Insurance (Auto, Health) _____
 Clothing _____
 Medical – Incidental _____
 Entertainment _____
 Other _____
 Other _____

Sub Total – Living Expenses \$ _____

Total Expenses \$ _____

FINANCIAL RESOURCES:

Work \$ _____
 From Parents _____
 Spouse _____
 Savings _____
 Scholarships/Grants _____
 (Please Specify) _____

Social Security Benefits _____
 AFDC/Food Stamps _____
 Others (Please Explain) _____

Total Financial Resources \$ _____

Comments: _____

VIII. TAX RETURN REQUEST

Dependent Student: You are considered a **Dependent Student** if on the latest tax return you were claimed as a dependent on any tax return other than your own. Dependent students must submit a copy of their own current Federal Tax Return(s) as well as that of their parents. Your income and your parents/guardians income(s) must be shown on the Statement of Expenses and Resources.

Independent Student: You are considered an **Independent Student** if you are married or if you were not claimed as a dependent on a tax return other than your own. Independent students under 21 years of age must submit a copy of their parents/guardians Federal Tax Return(s). Your income, and spouse's income, must be shown on the Statement of Expenses and Resources.

All Applicants: Check one or more of the boxes, sign and date at the bottom. Attach the required tax return(s), and complete the Statement of Expenses and Resources.

ALL STUDENTS MUST COMPLETE THE STATEMENT OF EXPENSES AND RESOURCES.

Parent(s) or Guardian(s)

Student

Spouse

I. I have attached a true, signed non-returnable copy of my most recent IRS 1040A, 1040, or 1040EZ, including all related forms and schedules and W-2's.

II. I worked last year but will not file a Federal Tax Return. (Attach a true copy of your State Tax Return, if filed.)

III. I did not work last year and will not file a Federal Tax Return. (Attach a true, signed copy of your State Tax Return, if filed.)

If no tax forms are attached, please explain.

CERTIFICATION

As an applicant for an A.W. Bodine-Sunkist Memorial Scholarship, I hereby certify that:

1. I am in need of the scholarship in order to begin or continue my college work.
2. I became or will become a full-time undergraduate college student as of ____/____/____.
3. ____ I plan to carry a minimum 12 graded units per semester.
4. ____ I acknowledge that I must maintain at least a 2.7 grade point average to be considered for renewal of the scholarship.
5. (Choose one. For definition, see section VIII.)
____ I am a Dependent student. ____ I am an Independent student.
6. I will use the scholarship funds only for the payment of tuition and required fees, board and room, and similar living expenses and for instructional equipment, materials and books.
7. All information submitted herewith is true and correct.
8. I consent to the release of grades, test scores, and tax returns to the Scholarship Committee of the A.W. Bodine-Sunkist Memorial Fund.

Date _____ Signature of Applicant _____

I (We) certify that the attached tax forms and projected expenses and resources for the above applicant are accurate.

Parent(s) or Guardian(s) Signature(s) Date

Spouse Signature Date

**A.W. BODINE-SUNKIST MEMORIAL SCHOLARSHIP
REFERENCES**

(No Relatives or Social Acquaintances please)

APPLICANT'S NAME _____
Please Print

Please describe your relationship with the applicant, what special attributes you believe the applicant possesses and any other information you think may be helpful to the scholarship selection committee.

Your Name (Please Print) _____

Relationship to Applicant _____

Address _____

Signature _____

Upon completion of this reference form, please mail to:



Sunkist Growers
A.W. Bodine-Sunkist Memorial Scholarship
Attn: Claire Smith, Administrator
P.O. Box 7888
Van Nuys, CA 91409-7888

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