



## **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 (or, for students who are high school seniors, are in the process of preparing such an application) and plan to pursue a course of study leading to a recognized degree. While the award amount may vary, it averages \$2,000.00.

**A complete application package is required 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:

Sarita Peay, Communications Manager  
A.W. Bodine – Sunkist Memorial Scholarship Program  
Sunkist Growers, Inc.  
27770 N. Entertainment Drive  
Valencia, CA 91355-1092

**APPLICATIONS MUST BE RECEIVED NO LATER THAN NOVEMBER 15, 2023**

# 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

Email Address \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

Marital Status \_\_\_\_\_ Maiden Name \_\_\_\_\_

Social Security No. \_\_\_\_\_  
AGES OF YOUR DEPENDENT CHILDREN, IF ANY

Names of Parents or Guardians \_\_\_\_\_

Ages of Sisters and Brothers \_\_\_\_\_

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## 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) \_\_\_\_\_

Expected date of graduation: \_\_\_\_\_

School(s) or College(s) registered in/applied to/planning to apply to \_\_\_\_\_

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## 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	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	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.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	II. I worked last year but will not file a Federal Tax Return. (Attach a true copy of your State Tax Return, if filed.)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	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.**

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**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. (Choose one. For definition, see section VIII.)  
\_\_\_\_ I am a Dependent student.      \_\_\_\_ I am an Independent student.
5. 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.
6. All information submitted herewith is true and correct.
7. 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