Sunkist

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, 2024

A.W. BODINE-SUNKIST MEMORIAL SCHOLARSHIP APPLICATION

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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
В.	NAME OF COLLEGE				
	scholastic classification for the year y	-	-		
□ Fre	shman 🛛 Sophom	ore	Junior		Senior
Your g	grade point average is based on a:	□ 4.0 or □ 5.0	scale.		
Your e	expected degree:				
🗅 BA	BS Other (Please Explain)				
Expec	cted date of graduation:				
Schoo	bl(s) or College(s) registered in/applie	ed to/planning to	apply 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 fr		
List work experience during the last for	bur years:	
Type of Work	Type of Company	Length of Time
V. AGRICULTURAL BACKGROUND)	
VI. OTHER SCHOLARSHIPS / GRA	NTS	
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:		
Monte	¢	
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 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. 	
			 I worked last year but will not file a Federal Tax Return. (Attach a true copy of your State Tax Return, if filed.) 	è
			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 hereb	v certifv	that.
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- 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