

The Sunshine Lady Foundation  
**Women's Independence Scholarship Program**  
**Renewal Application**

**READ INSTRUCTIONS ON LAST PAGE BEFORE COMPLETING APPLICATION**

This renewal is for (check one):  Winter  Spring  Summer  Fall  Other: \_\_\_\_\_

Name: \_\_\_\_\_ SS#: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_

Is this a new address? \_\_\_yes \_\_\_no Ages of everyone living in your home: \_\_\_\_\_

Are you working? \_\_\_\_\_ If yes, where? \_\_\_\_\_ Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Name of school you are attending: \_\_\_\_\_

Educational Goal (i.e., AA Human Services; BA Nursing; etc.) \_\_\_\_\_

Expected date of completion of program: \_\_\_\_\_ Cumulative GPA: \_\_\_\_\_ This/last term GPA: \_\_\_\_\_

Current Term transcript not yet available; I have requested it be sent as soon as grades posted \_\_\_Yes\_\_\_No

If the GPA is not 2.75, fully explain (continue on separate page): \_\_\_\_\_

Please list the courses you have registered to take in the upcoming semester/term:

Class	# of Credits	Start Date	End Date

What is your financial request for the next semester/term? \$ \_\_\_\_\_ For what purpose? \_\_\_\_\_

Are you still meeting with your sponsor? \_\_\_\_\_ If yes, how often? \_\_\_\_\_ If no, why not? \_\_\_\_\_

Will your sponsor continue to sponsor you for the next term? \_\_\_\_\_ If not, you must secure another sponsor, and have them complete the sponsorship agreement form.

**Re-read your contract.** If you have not done what you agreed to, please explain fully, and why the Foundation should still consider you for a scholarship renewal. Use a separate sheet.

**Narrative:** Please attach additional pages with your answers:

- How has your life changed during the last school term/semester?
- What have been your biggest surprises? Disappointments? Satisfactions?
- Who/what has been the greatest help to you? Who/what has been the greatest discouragement?
- Are you pleased with the educational/career plan you have committed to or are there any changes you would like to make? Please explain.
- Is there any other information you believe is important to the committee's understanding of why you should be considered as a scholarship recipient? Please explain.

## Update of Financial Information

**Household Money Coming In *Monthly*:****School Money Coming in for the *Renewal Semester/Term*:**

\_\_\_\_\_ Net Wages

\_\_\_\_\_ Pell

\_\_\_\_\_ TANF/Food Stamps/WIC

\_\_\_\_\_ SEOG/Other Grants

\_\_\_\_\_ SSI/SSD

\_\_\_\_\_ Stafford Loans

\_\_\_\_\_ Child Support

\_\_\_\_\_ Scholarships

\_\_\_\_\_ Unemployment

\_\_\_\_\_ Tuition Waiver

\_\_\_\_\_ HUD

\_\_\_\_\_ Other (Describe) \_\_\_\_\_

\_\_\_\_\_ Child Care Subsidy

\_\_\_\_\_ Other (Describe) \_\_\_\_\_

**Money Going Out *Monthly*:**

\_\_\_\_\_ Rent

\_\_\_\_\_ Car Payment

\_\_\_\_\_ Phone/Pager/Cell Phone

\_\_\_\_\_ Car Insurance

\_\_\_\_\_ Light/Heat/Water

\_\_\_\_\_ Gas/Maintenance for Car

\_\_\_\_\_ Cable/Internet

\_\_\_\_\_ Other Transportation (Bus, etc.)

\_\_\_\_\_ Food/Household Expenses

\_\_\_\_\_ Legal

\_\_\_\_\_ Childcare

\_\_\_\_\_ Other (Describe) \_\_\_\_\_

\_\_\_\_\_ Health Insurance &amp; Medical Expenses

\_\_\_\_\_ Other (Describe) \_\_\_\_\_

\_\_\_\_\_ Charge Accounts

\_\_\_\_\_ Other (Describe) \_\_\_\_\_

**School Charges for the *Renewal Semester/Term*:**

\_\_\_\_\_ Tuition

\_\_\_\_\_ Fees

\_\_\_\_\_ Books/Supplies

➤ Applicant: Signature: \_\_\_\_\_ Date: \_\_\_\_\_

➤ Applicant Name (Please Print) \_\_\_\_\_

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**Sponsor Section** I/We agree to continue as Sponsor for the above-named scholarship candidate.

➤ Sponsor Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Phone: \_\_\_\_\_

➤ Sponsor Name (Please Print): \_\_\_\_\_ Agency Name: \_\_\_\_\_

➤ Sponsor Email Address: \_\_\_\_\_

**\*\*If your agency received a Charitable Adjunct Assistance award for this WISP recipient, please submit your report on how that award was used.** This report can be either a print-out from your accounting system or a letter outlining how funds were used. You may attach it to this renewal, or send it directly to The Sunshine Lady Foundation at the address below.

**Please review this Renewal Application with the Applicant to be sure it is complete.**

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### Instructions

1. Read the whole form before beginning.
2. **Leave no blanks! ALL requested information is REQUIRED prior to final approval of an award.**
3. You must attach the following:
  - Invoice from school showing charges for the term for which you are applying.
  - Financial Aid report showing aid for the term for which you are applying.
  - Your narrative – see questions below. Please answer all questions.
  - Update your financial situation – use the back of this form or attach a separate page.
  - First page of your previous year Federal Income Tax return (Fall Semester renewals only).
  - Copy of your current term transcript. If you are submitting this Renewal Application prior to your current term grades being made available, you should have your transcript sent to the Foundation as soon as it is available and so indicate on this form.
  - Your sponsor must sign this form, indicating their agreement to continue as sponsor.
  - **\*\*If you received Charitable Adjunct Assistance funds (an award paid through your sponsoring agency) you must ask your sponsor to provide their report on how the award was used. It can be submitted with this Renewal or sent directly from your sponsoring agency to the Foundation.**
4. If you have not met the terms of your contract, attach a page explaining, and indicating why you should still be considered for the *Women's Independence Scholarship Program*.
5. Submit your Renewal Application in a timely manner. We renew all scholarships each semester; applying as early as possible helps us have funds in place when your next semester begins.  
***If you apply after the semester is well underway, we may not be able to provide funding.***

#### Checklist:

- Renewal Form
- Official GPA/Transcript
- Invoice/Billing Statement/Financial Aid Statement from school
- Updated Financial Information
- Narrative
- Income Tax return (Fall Semester only)
- Sponsor Letter and Report on how previous funds used (if applicable)

#### Mail to:

WISP Renewals  
The Sunshine Lady Foundation  
4900 Randall Parkway, Suite H  
Wilmington, NC 28403  
**or Fax to: 910-397-0023**

Questions? Call toll-free! 866-255-7742

e-mail: [nancy@sunshineladyfdn.org](mailto:nancy@sunshineladyfdn.org) [jill@sunshineladyfdn.org](mailto:jill@sunshineladyfdn.org) [tammy@sunshineladyfdn.org](mailto:tammy@sunshineladyfdn.org)