



Shining Future Global Education  
185 Canal St. #405, New York NY 10013  
[scholarships@shiningfutureeducation.org](mailto:scholarships@shiningfutureeducation.org)

## SHINING FUTURE RAINBOW BRIDGE SUMMER PROGRAM 2016: SCHOLARSHIP APPLICATION:

Name: \_\_\_\_\_ Birthday: \_\_\_/\_\_\_/\_\_\_\_\_ Male \_\_\_ Female

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

Mailing address: \_\_\_\_\_

Phone: \_\_\_\_\_ High School \_\_\_\_\_ Grad year \_\_\_\_\_

High School GPA (Not applicable if graduate student): \_\_\_\_\_

College \_\_\_\_\_ Class of \_\_\_\_\_ Major: \_\_\_\_\_

Current GPA: \_\_\_\_\_

**\*Please submit a copy of your College Transcript / Graduate School Transcript. Resume.**

**Use the space below to list and expound on the clubs and organizations you are involved with in school:**

**Use the space below to list your contributions to your community:**

**Accomplishments & Awards:**



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**Short Responses:**

**1. Why are you interested in applying for this program?**

**2. What does it mean to be a global citizen?**

**Personal Statement Essay: (On a subject of your choice.) [650-word limit; Send as attachment]**



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Each Question Must Be Answered For each Parent (If Applicable)

Please Circle Your Relationship to the Student

Please Circle Your Relationship to the Student

Father | Stepfather | Guardian

Mother | Stepmother | Guardian

Name \_\_\_\_\_

Name \_\_\_\_\_

Occupation \_\_\_\_\_

Occupation \_\_\_\_\_

Employer \_\_\_\_\_

Employer \_\_\_\_\_

Number of Immediate Family Members (Including Applicant) Under Age 18 \_\_\_\_\_

Number of Family Members in College or Private School .....

Do You Participate in Federally Subsidized Lunch Program?..... Yes No

<p>I hereby declare that the information provided is true and correct.</p> <p>Applicant Signature: _____</p> <p>Date: _____</p>
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Submit Completed Application By Email to: [scholarships@shiningfutureeducation.org](mailto:scholarships@shiningfutureeducation.org)