|  |  |  |  |
| --- | --- | --- | --- |
| 1 | Last name: | First name: | |
| 2 | Mailing address:  Street:  City: State: ZIP: | | |
| 3 | Telephone number:  E-mail : | | |
| 4 | Current College: | | Grade: |
| 5 | If still a high school student, the college you are going to attend (already obtain the admission)    When will you start: | | |
| 6 | Grade Point Average(GPA): (on a 4.0 scale) | | |
| 7 | Rank of GPA: (in terms of percentage) | | |
| 8 | Name and phone number of parent(s) or legal guardian(s) | | |

**The Application for Sunrising Bedding Scholarship**

Please type your answer, if the answer is illegible it will be returned to you

|  |
| --- |
| How the scholarship makes difference to your life:(about 400 words) |

Please type your answer, if the answer is illegible it will be returned to you