

SFDS SUNSHINE FUND
APPLICATION FORM

Date: _____

Name: _____

Best Way to contact You? _____

Hours Completed: _____

Hours Requested: _____

Have your tried At Home Tasks? Y / N

Please State/Describe the circumstances that prevent you from completing all 30 volunteer hours.

****** Use reverse side if additional space is needed**

Signature: _____

(All information submitted remains confidential)

RETURN TO SFDS SCHOOL OFFICE IN SEALED ENVELOPE