



project sunshine

211 East 43rd Street, Suite 401, New York, NY 10017

Phone: (212) 354-8035 | Fax: (212) 354-8052

Email: college@projectsunshine.org | Website: www.projectsunshine.org

College Chapter Petition

Please provide the following information in order to petition for a Project Sunshine Chapter. Your application will be reviewed by the National Office.

PETITION		
We, the undersigned students and faculty of _____		
respectfully petition the National Office of Project Sunshine to establish a chapter at this institution. Being fully acquainted with the requirements of the National Office we present these application materials for consideration in granting a Project Sunshine Chapter.		
INFORMATION ABOUT THE INSTITUTION		
Name of College or University:		
Mailing Address:		
City:	State:	Zip Code:
Date Founded:	Year Accredited:	
Institution is accredited by the following national/regional agency:		
TYPE OF EDUCATIONAL INSTITUTION		
Please check the box that best describes your school: (Select all that Apply)		
<input type="checkbox"/> -Public <input type="checkbox"/> -Private for profit <input type="checkbox"/> -Private nonprofit <input type="checkbox"/> -Religiously Affiliated <input type="checkbox"/> -HBCU		
<input type="checkbox"/> -Community College <input type="checkbox"/> -Technical College <input type="checkbox"/> -College <input type="checkbox"/> -Online College <input type="checkbox"/> -University		
Please select the box that best describes the community where your campus is located:		
<input type="checkbox"/> -Rural: located in the country, near farms and wilderness areas or near a small town	<input type="checkbox"/> -Suburban: located in a small city, large town or residential area near a city	<input type="checkbox"/> -Urban: located in a city
Number of students currently matriculated for degrees for:		
Undergraduate:	Graduate:	Doctoral:
PROJECT SUNSHINE CHAPTER ADVISOR		
First Name:	Last Name:	
Title:	Department:	
Telephone #:	Mobile #:	



project sunshine

211 East 43rd Street, Suite 401, New York, NY 10017

Phone: (212) 354-8035 | Fax: (212) 354-8052

Email: college@projectsunshine.org | Website: www.projectsunshine.org

School Email Address:

Please read and initial the following:

	I have read the Advisor description and responsibilities as outlined in the Project Sunshine Chapter Advisor Guide.
	I have read the Chapter Officer description and responsibilities as outlined in the Project Sunshine Guidelines for Chartering a College Chapter.
	I have institutional support for a Project Sunshine chapter.
	I agree to provide the necessary mentoring, leadership, and participation for a successful Project Sunshine chapter.

PROPOSED CHARTER COLLEGIATE OFFICERS

Please list the required collegiate officers of your proposed Charter:

Chapter Officers	First Name & Last Name	School Email Address
President (Chapter Leader)		
Vice President (Chapter Leader)		
Secretary		
Treasurer		

REASON FOR PETITIONING

Please select how many hours per week you are willing to commit to start the chapter?

<input type="checkbox"/> 1-5 Hours	<input type="checkbox"/> 5-10 Hours	<input type="checkbox"/> 10-15 Hours	<input type="checkbox"/> 15-20 Hours	<input type="checkbox"/> 20-25 Hours
------------------------------------	-------------------------------------	--------------------------------------	--------------------------------------	--------------------------------------

Please select when you would like to Charter the chapter? and Specify the year of your intended start

<input type="checkbox"/> -Fall	<input type="checkbox"/> -Winter	<input type="checkbox"/> -Spring	<input type="checkbox"/> -Summer	Year:
--------------------------------	----------------------------------	----------------------------------	----------------------------------	-------

Why is a Project Sunshine chapter needed in your community?

Empty text box for explaining why a Project Sunshine chapter is needed in the community.

Please share feasible goals of how within the first year the chapter will execute a New Chapter Action Plan which will incorporate the programming areas of

Teleplay (Virtual):

Empty text box for describing teleplay (virtual) activities.



project sunshine

211 East 43rd Street, Suite 401, New York, NY 10017

Phone: (212) 354-8035 | Fax: (212) 354-8052

Email: college@projectsunshine.org | Website: www.projectsunshine.org

Direct Service (In-person volunteering):

Fundraising:

Sending Sunshine:

LOCAL PEDIATRIC MEDICAL FACILITY

Name of Facility:

Address:

City:

State:

Zip code:

Website URL:

OPTIONAL

Point of Facility Contact Name:

Telephone #:

Mobile #:

Email Address:



project sunshine

211 East 43rd Street, Suite 401, New York, NY 10017

Phone: (212) 354-8035 | Fax: (212) 354-8052

Email: college@projectsunshine.org | Website: www.projectsunshine.org

Additional Documents

Please attach the following to this application:

A. Research on becoming a registered campus organization.

- Each college &/or University has different policies and procedures regarding student organizations. Many schools offer faculty support, meeting spaces, and funding for chapters. Research the registration process, either through the community service department, office of student organizations, or student government, and include this information in your application.
- Print out, photocopy, or attach a link to school protocol on becoming a registered student organization. Please include information from both the campus community service department and the office of student organizations.

Submit your typed and completed application with required documents to college@projectsunshine.org

- If saving/sending your completed application via email, please save all documents as Name of College/University-Your Name-Name of Document in example:
Project Sunshine College-Jane Doe-College Chapter Petition

Once we receive your application, the College Volunteer Engagement team will contact you to confirm receipt of the application.

Thank You!