Shine and Inspire

Application for Gift

Name of Applicant: _____

Address: _____

_____

Phone: _____ Cell: _____

Email: _____

Please attach a statement (300 words or less), or a two minute video, describing your circumstances as to why you should be selected to receive a "gift" from Shine and Inspire, Inc. to help you "Shine".

If selected, in return I will be "Inspired" to give back to my community by:

_____

_____

_____

_____

_____

_____ _____

Signature of Applicant Date

Please return completed application to:
Carol Feldman,LCSW,CAS, 106 Straube Center Blvd., Suite F121, Pennington, NJ 08534

Make a difference in someone's life, and it will make a difference in yours.