



## SHARON AND KRISTINE DUNHAM SCHOLARSHIP

### OUR MISSION

The SHC Inc., The Arc of Medina County, partners with individuals with disabilities and their families to provide a full range of services to assist them in living a quality life in their chosen community.

### ABOUT THE SCHOLARSHIP

The siblings of Sharon and Kristine Dunham established the scholarship to honor the memory of their sisters. Sharon had an intellectual disability and lived in an SHC group home, and Kristine was an accomplished learner having earned her PhD. The scholarship is a tribute to Kristine's passion for higher education, and Sharon's ability to teach others to be sensitive toward individuals with an intellectual disability.

### ELIGIBILITY CRITERIA

Applicants will be screened to determine that they meet the scholarship basic requirements:

- A connection to SHC/The Arc of Medina County through work, a family member receiving services from SHC, or community involvement
- Are a non-traditional student enrolled in an undergraduate or graduate program in any area of study
- Or, working and returning to school to continue their education
- And, have properly completed the application packet.

Applicants will be judged on:

- Personal statement including brief personal history and educational and career goals
- Letter of reference

Awards will be based on information provided on the scholarship application form. This is a one-year, non-renewable scholarship for \$1,000.

### APPLICATIONS

Interested applicants must complete a Sharon and Kristine Dunham Scholarship application form. Forms are available by calling 330-722-1900, ext. 100 or 265, or through our website at [www.shc-medina.org](http://www.shc-medina.org). Deadline for submitting a completed application is the end of March each year. Check the current application for submission deadline.

### AWARDS

The Sharon and Kristine Dunham Scholarship awards one, \$1,000 scholarship each year. The SHC Development and Community Relations Department screens all applications for eligibility. The scholarship committee administers the scholarship, which is awarded at the SHC Annual Meeting in May of each year. The decision of the Scholarship Committee is final.



*The Sharon and Kristine Dunham Scholarship Application*

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

What is your connection to SHC/The Arc of Medina County?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Submit a completed application form and all supporting documents to:

Sharon and Kristine Dunham Scholarship Committee  
SHC/The Arc of Medina County  
4283 Paradise Rd., Seville, OH 44273

If you have questions, please call (330) 722-1900, ext. 100 or 265.

***The deadline for submitting an application is Friday, March 31, 2017, at 5 p.m.***

**Please note:** Awards will be based upon information provided on the scholarship application form. The SHC Scholarship Committee administers the scholarship, and it is awarded at the SHC Annual Meeting in May of each year. The decision of the scholarship committee is final.



SOCIETY FOR HANDICAPPED CITIZENS OF MEDINA COUNTY, INC. / THE ARC OF MEDINA COUNTY

4283 Paradise Road ♦ Seville, OH 44273

877.546.8568 or 330.722.1900 ♦ Fax: 330.723.6695 ♦ [www.shc-medina.org](http://www.shc-medina.org)

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## *The Sharon and Kristine Dunham Scholarship Application*

Name: \_\_\_\_\_ Date: \_\_\_\_\_

1. **Please provide a personal statement, including a brief personal history and educational and career goals.**



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## *The Sharon and Kristine Dunham Scholarship Application*

Name: \_\_\_\_\_ Date: \_\_\_\_\_

**2. Please provide the name of the college you plan to attend or are attending, your major field of study and if applicable, why you are returning to school. Please explain your non-traditional student status.**



*The Sharon and Kristine Dunham Scholarship Application*

Name: \_\_\_\_\_ Date: \_\_\_\_\_

3. Please list any non-academic honors or awards.

4. Please list your participation in community or church activities and service.



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Name: \_\_\_\_\_ Date: \_\_\_\_\_

5. **Please submit at least one professional or personal letter of recommendation.** (Not from a family member)