



The Arc of York County
 497 Hill Street, York, PA 17403
 (717) 846-6589
 www.thearcofyorkcounty.org

Application for the Dudley & Sylvia Kramer Memorial Scholarship

Scholarship eligibility requirements are as follows:

1. A resident of York County, Pennsylvania
2. Currently engaged in an educational pursuit with a goal of working with persons with intellectual disabilities. The student may also currently be working with persons with intellectual disabilities.
3. The student must show a demonstrated need for tuition assistance.
4. Application must be postmarked by: June 6

I. GENERAL INFORMATION (please type or print in black ink)

Name: _____

Phone: (____) _____ Email: _____

Address: _____
(Street) (City) (State) (Zip)

Have you applied for the Dudley & Sylvia Kramer Memorial Scholarship in the past, and if so, when?

_____ Yes _____ No If yes, when? ____/____/____

Parent/Guardian's Name: _____

II. EDUCATION

Name & Address	Years Attended	Major/degree
High School		
College/Post-Secondary Education		
Other		

Are you currently pursuing postsecondary education with a goal of working with persons with intellectual disabilities?

_____ Yes _____ No

If yes, please describe your course of postsecondary education and how it prepares you for a career working with people with intellectual disabilities.

III. EMPLOYMENT HISTORY

Employer Name & Address	Dates of Employment	Position Held

Have you ever worked with individuals with intellectual disabilities?

_____ Yes _____ No

If yes, please tell us more about your volunteer and professional experiences

IV. FINANCIAL INFORMATION

What are your estimated educational costs for the coming year? (Please attach supporting documentation, if available)

<u>Expenses</u>	<u>Amount</u>
Tuition	\$ _____
Room, Board & Meals	\$ _____
Books & Supplies	\$ _____
Other (please list major items)	
_____	\$ _____
_____	\$ _____
Total	\$ _____

What is your household's annual **net** income, excluding your income? \$ _____

What is your annual **net** income? \$ _____

Please indicate the number of people in your household _____

Please list the members of your household. Indicate their relationships to you and note whether any are currently attending, or will soon be attending college.

Name	Relationship to You	Attending College

List the type and amount of any scholarships you will receive in the coming year.

Grantor	Type	Amount

Please describe any special circumstances regarding your financial status about which the Scholarship committee should be aware.

V. REFERENCES

Please list three references:

Name	Address	Phone	Relationship to You

VI. ESSAYS (attach additional sheets if necessary)

How did you become interested in the field of intellectual disabilities?

What are your future career goals?

Signature of Applicant

_____/_____/_____
Date

APPLICATION MUST BE POSTMARKED by June 6.

**Mail to:
The Arc of York County
497 Hill Street, York, PA 17403
Fax: 717-852-8842**

If the status of the information you have provided on this application changes before you receive the Scholarship Committee's final decision, please contact The Arc of York County at (717) 846-6589.