

Deb Dunham Memorial Scholarship

This scholarship was established in 2019 by Friends and Colleagues of Deb Dunham and The Mercy Health Foundation as a memorial to Deb Dunham, RN. It is to recognize her tireless commitment to wellness in the Champaign County community, with a focus on holistic pediatric care. Deb was instrumental in developing Mercy Well Child Pediatrics in Urbana. Her life's work can be found in the healthy children in Champaign County.

Application & Instruction Sheet – 2 pages total

The Deb Dunham Memorial Scholarship program is an annual scholarship program made possible through contributions from various community members for students graduating from a Champaign County School- pursuing post-secondary education/training.

A Applicants for the Deb Dunham Memorial Scholarship must meet the following criteria:

- **Applicant must be a graduating senior from a Champaign County School**
- Applicant should be active in one or more community service/extra-curricular activities, such as volunteering for a non-profit organization, church group, campus organization, etc.
- Applicant must have applied/been accepted into a program of study at a Tech School, College, or University for the **2021-2022** academic year, and meet admission criteria
- Scholarship awards are for undergraduate level study only.
- **Scholarship application & all required information listed in Block 'B' (below) must be complete and received in the Mercy Health Foundation Office, Mitchell-Thomas Center, 2nd Floor, 100 W. McCreight Avenue by 3/1/21.**
- The scholarship award for the selected recipient will be sent to the school the recipient will be attending.

B The following required information must be typed*, completed, and returned to the Mercy Health Foundation no later than 3/1/21.

**Application Form may be handwritten; other required information must be typed.*

1. **Copy of most recent high school report card/ transcript (2021 HS grad)**
2. **Two (2) Letters of Recommendation are to be signed, (letterhead if available), dated no earlier than 7/31/20 (current school year 2020-21), and include the reference's phone number. It is preferred that one be an academic instructor. Relatives of applicant are not considered as references.**
3. **A typed, brief narrative** stating your academic and career goals and how you see yourself sharing your gifts of time, talent, and treasure in the future within the community you live.
4. **A list of extra-curricular activities** that you have contributed to or participated in, such as community service projects, events, or campaigns that have benefited others.

C Deadline to Submit Scholarship Application: March 1, 2021.

Completed Application and all required information (see 'B' above) must be received in the Mercy Health Foundation office, via mail or email, no later than 3/1/21.

Mercy Health Foundation of Clark & Champaign Counties
Mitchell-Thomas Center
100 W. McCreight Avenue - 2nd Floor
Springfield, OH 45504

Phone 937-523-5193 Fax 937-523-5952
BAMartinez@mercy.com

Applications or recommendation letters received after 3/1/21 will be deemed ineligible.

Scholarship recipient will be notified no later than April 30, 2021.

Scholarship Award Amount for the chosen recipient is \$1,000

Selection and Review Committee: Deb Dunham Memorial Scholarship Committee members will review all applications. Decisions will be final.
Program Coordination: The Mercy Health Foundation staff will coordinate the administration of the program. Application forms and other information are available by calling 937-523-6670.

Deb Dunham Memorial Scholarship Application

** Please complete this form and return with the required additional information listed in Block 'B' on instruction sheet.*

Name of Applicant _____

(Must be a Graduating Senior in a Champaign County School)

Address _____

City _____ State _____ Zip Code _____

Home Phone Number (____) _____ Cell Phone Number (____) _____

Name of Parent/Guardian _____

Home Address _____

City _____ State _____ Zip Code _____

Home Phone Number (____) _____ Cell Phone Number (____) _____

APPLICANT'S EDUCATION COMPLETED:

High School _____ Date Completed _____

Other _____ Year Completed (as of 6/21) _____

POST-SECONDARY EDUCATION GOAL:

College/Technical Attending 2021-22 School Year _____

Area of Degree/Certification _____

Expected Graduation Date _____

**Mercy Health Foundation of Clark & Champaign Counties is located in the
Mitchell-Thomas Center 100 W. McCreight Avenue– 2nd Floor, Springfield
Phone 937-523-6670**