



Sharing Hands

A Respite Experience

MISSION: *SHARE partners with all members of families where there are children with special needs, supporting their efforts to establish and maintain strong and successful families.*

Requirements for Sibling Scholarship Application

The sibling must:

1. Reside in one of the 19 counties of the Region 18 service area: Andrews, Howard, Martin, Brewster, Pecos, Crane, Upton, Glasscock, Midland, Ector, Winkler, Ward, Reeves, Jeff Davis, Culberson, Presidio, Terrell, Reagan, and Loving.
2. Be a member of a family that is enrolled and participates in at least one of SHARE'S programs.
3. Continue post high school training or education at a trade school, junior college or 4 year college.
4. Maintain a "C" average in all class work.
5. Complete 20 hours of volunteer work at an organization which serves children with special needs and their families.
6. Complete the StrengthsQuest test provided by SHARE. Contact SHARE (432-818-1253) to receive a code for the online test. StrengthsQuest will identify strong positive qualities about the sibling and suggest careers in which the siblings can use these strengths.
7. Write an essay about how having a brother or sister has effected your life.
8. Interview with the Scholarship Committee.

Scholarship Information

Sibling Scholarships are awarded only to graduating high school seniors. Scholarships are sent directly to the school that the sibling will be attending.



3500 N. A St., Suite 2200, Midland, TX 79705

(432) 818-1253 tel (432) 818-1251 fax

sharewtx.org

Caring for families who have children with special needs

Scholarship Application

Applicant Data

Last Name _____ First Name _____ MI _____
Address: _____
City: _____ State _____ Zip _____
Home Telephone: _____ Cell Phone: _____
E-mail Address: _____

High School Data

High School: _____ Graduation Date: _____
City: _____
County: _____ State _____
Current Ranking: _____ in a class of _____ students.
SAT Score _____ ACT Score _____
School Activities and Honors (please list) If additional space is needed, please attach a separate sheet of paper.

Community Activities (please list) If additional space is needed, please attach a separate sheet of paper.

Post High School Education (College/Trade School) Data

First time college/trade school student () Yes () No

College/Trade School you plan to attend (If unknown, list in order the preference where applications have been submitted.)

- | | |
|---------------------------------|--------------------------------|
| | Have you been accepted? |
| 1. _____ City _____ State _____ | () Yes () No () Pending |
| 2. _____ City _____ State _____ | () Yes () No () Pending |
| 3. _____ City _____ State _____ | () Yes () No () Pending |

What major do you plan to study? _____

If currently enrolled in college/trade school: (concurrent classes)

What is your GPA? _____ How many hours have you completed? _____

Enrollment Status

F=Full time (12 or more semester hours)

T=3/4 time (9-11 semester hours)

H=Half-time (6-8 semester hours)

L= less than half (1-5 semester hours)

Please complete the following chart. How many hours do you expect to take each semester?

Semester	Year	What is your expected enrollment status?
Fall (Sept.-Dec.)		
Spring (Jan.-May)		
Summer 1 (June-July)		
Summer 2 (July-Aug.)		

Family Data

Parent/Guardian Name(s) _____ Phone (____) _____

Address if different from applicant _____

Father's Occupation _____ Employer: _____

Mother's Occupation _____ Employer: _____

Number of dependents other than student supported by parents: _____ Ages _____

Number of other college age students supported by parents: _____

Financial Data

Are you currently employed? ___Yes ___No Employer:_____

Are you planning to work while attending school? ___Yes ___No

Where do you plan to live while attending college/trade school?

___Dormitory ___Apartment ___Family ___Other (please list)

Please describe your financial need or circumstances for this scholarship request. (If additional space is needed, please attach a separate sheet of paper.)

Attachments

1. Please attach a copy of your school transcript. If you are a high school student and are taking concurrent college classes, please include your college transcript.
2. Letter of Recommendation
3. Essay - How has growing up with a brother or sister with special needs effected your life?

Certification Statement

I certify the above is true and correct to the best of my knowledge, and grant permission to verify the information contained in this application.

Signature_____Date_____

Signature of Parent or Guardian: _____

Return completed application to:

SHARE

3500 N. A St., Suite 2200

Midland, Texas 79705