



Gary Moll Memorial Scholarship Fund for Students with Disabilities Nomination & Application Form

Nomination Form

Must be completed by an Independent Living Center staff member

Name of Applicant's sponsor: _____ Sponsoring CIL: _____

E-mail address of sponsor: _____

Sponsor's position at the CIL: _____

Signature of Sponsor: _____

Name of Nominee: _____

Most recent/current school attending: _____

Current year in school (select one)

_____ Current high school senior

_____ Currently attending college. If so, year in school _____

_____ Will be/are attending an accredited vocational school

Gary Moll Memorial Scholarship Fund

Application form

To be completed by the Applicant

1. Personal Profile of the Applicant:

Name of the Applicant: _____
(Last) (First) (M.I.)

Physical Address: _____
(Street, house/apt. #)

Mailing Address (if different than above)

City/State/Zip Code: _____

Sponsoring Independent Living Center: _____

Disability: _____

2. Academic Profile

What year did you graduate from high school? _____

Chose one of the following:

_____ I am currently registered at a Missouri college/university or
accredited vocational school

_____ I have been accepted and plan to register at a Missouri college/
university or accredited vocational school.

Give the full name of the college/university/vocational school

Provide the quarter or semester and year of admission: _____

Your cumulative high school GPA: _____

College/university/vocational school GPA: _____

Please list your major/minor, or program of study: _____

**Gary Moll Memorial Scholarship Fund
Applicant Attachment- Personal Statement**

Applicant's signature

(Date)

(Please use the back of this sheet if additional space is needed)