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: ______________________