



# 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**

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Applicant's signature

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(Date)

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