



Students w/Disabilities Scholarship

All application materials must be submitted by April 3, 2017 by 5 pm to be considered
Please return to the Disability Center (S5 Memorial Student Union) in person

Student Information

Full Name: _____ Student ID Number: _____

Campus/Local Address: _____
(zip code)

Campus/Local Phone: _____ Email: _____

Permanent Address: _____
(zip code)

Academic Information

Degree Program: _____

Current Cumulative/Adjusted GPA: _____ Credit hours earned: _____

Anticipated Graduation Date: _____

Letter of Application

With your application please provide responses to the following questions in the form of a typed letter to the "scholarship selection committee".

- Please discuss your accomplishments and involvement at MU. Please include information regarding academic achievements, employment, volunteer work, student organizations. Please discuss your involvement with the Disability Center.
- If you are awarded this scholarship, how will it benefit you in your educational pursuits?
- How and what type of leadership characteristics do you model to other MU students with disabilities?

Supplemental Information

This information is not required, but may provide the scholarship committee with additional information which may be helpful. If you like, you may submit the following:

- Any honors or awards you have received
- Resume
- Letters of recommendation

Verification of Information/Academic Release

My signature below verifies that the information contained in this application is correct to the best of my knowledge. To be considered for the scholarship, I authorize The University of Missouri to release my academic records to the members of the scholarship selection committee. Recipient will be recognized publically. In signing, I give my permission for my name to be released if I am awarded a scholarship.

Signature: _____

Date: _____