



*Twin Cities Mayors' Committee On Disabilities*  
*Scholarship Application*  
(please print information)

Date \_\_\_\_\_ Social Security # \_\_\_\_\_

Name \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

Telephone number: \_\_\_\_\_ Alternate \_\_\_\_\_ e-mail: \_\_\_\_\_

Marital status \_\_\_\_\_ Citizen of LA \_\_\_yes \_\_\_no Nature of Disability \_\_\_\_\_

Date of on-set of disability \_\_\_\_\_ High School attended \_\_\_\_\_

Date(or planned date) of graduation from high school \_\_\_\_\_ GPA in high school \_\_\_\_\_

Date G.E.D. attained: \_\_\_\_\_ From what school: \_\_\_\_\_

University you plan to attend: \_\_\_\_\_

Field of Study: \_\_\_\_\_

Expected date of completion: \_\_\_\_\_

List any scholastic or honorary awards you have received: \_\_\_\_\_

\_\_\_\_\_

List any extracurricular activities: \_\_\_\_\_

Complete the following statement in two or three sentences. My purpose in seeking this scholarship is: \_\_\_\_\_

\_\_\_\_\_

(finish on back side of the application, if necessary)

Mail completed application along with required documentation by **January 31** to:

TCMCD

ATTN: Scholarships

P.O. Box 713

West Monroe, LA 71294

*For more information, contact the Scholarship sub-committee chair: Betty Futch, 330-7596; Chris Mayfield – 396-3366; Esther McGee 361-7322 or any TCMCD member.*

*The greater the obstacle, the more glory in overcoming it. Moliere.*