



**Mayor's Committee for Persons with Disabilities**  
NOMINATION FOR THE STEPHEN L. KNIER MEMORIAL SCHOLARSHIP  
FOR OUTSTANDING STUDENTS WITH DISABILITIES

Nominee's Name: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_

Current School: \_\_\_\_\_

School Address: \_\_\_\_\_

School phone: \_\_\_\_\_

Overall GPA: \_\_\_\_\_ *(Please attach transcript.)*

Financial Need per Current FAFSA: \_\_\_\_\_ *(Please attach copy of Student Aid Report.)*

Honors and Activities: *(Please attach additional pages if needed.)*  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Education and/or Vocational Training:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What difficulties has student encountered in surmounting his/her disability? Explain student's initiative, resourcefulness, and perseverance in overcoming the disability.  
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Explain how student has exhibited ingenuity in adapting to his/her school or living environment.

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Submitted by: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

*Please attach two letters of recommendation.*

Return to: Donna Gray  
Mayor's Committee for Persons with Disabilities  
Post Office Box 3136  
Greensboro, NC 27402  
Phone: 336-373-2723  
Fax: 336-373-4656

**Deadline: April 30, 2017**