**FY20 Covid-19 Scholarship Fund**

**Application**

MODDC appreciates all the interest and time taken applying to the COVID-19 scholarship fund. We have received an overwhelming number of applications and have reached capacity with funding as of May 19th, 5pm. A waitlist is being created for those that are still interested please consider applying through the May 30th deadline. Applications received by the deadline will be considered if additional funding becomes available in the future.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Date of Application: |  |  | Name: |  |
| Phone: |  |  | Address: |  |
| Email: |  |  | City, State, Zip Code: |  |

***Priority is given to Missourians with disabilities and family members, especially those from rural communities.***

*This section is required for Federal Reporting to Office on Intellectual & Developmental Disabilities:*

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| |  |  | | --- | --- | | **Race/Ethnicity** | | | White |  | | Black or African American |  | | American Indian and Alaska Native |  | | Hispanic/Latino |  | | Asian |  | | Native Hawaiian/ Pacific Islander |  | | Two or more Races |  | | Other |  | | |  |  | | --- | --- | | **Geographic Location** | | | Rural |  | | Urban/Suburban |  | | **I identify as…** | | | Female |  | | Male |  | | Other |  | |
| |  |  | | --- | --- | | **Application Type:** | | | Are you applying as a person with a disability? |  | | Are you applying as a family member of a person with a disability? |  | | Other: |  | | |

Email this application for review by MODDC by **May 30th, 2020**. We will notify applicants if funds are expended by that date. Those awarded scholarship funds will be contacted by MODDC and MoAT no later than June 30, 2020.

Email: **moddc@moddcouncil.org** For questions, call: (314) 340-7411

**Key Information about the Planned Activities:**

|  |  |
| --- | --- |
| **Describe the need you are going to address.** (e.g., leadership development, access to health care, social interaction, anxiety reduction, decreasing isolation) |  |
| **How will you address that need with the Council's COVID-19 funding?** (What do you plan to do?) |  |
| **Describe what outcomes or impact you will have as a result of doing the activity you have outlined above.** (What will happen as a result of this project?) |  |
| **Describe how this activity/experience will help you or your family.** |  |
| **What will you share with the Council to show what was accomplished with your activity or project?** |  |

**Financial Assistance Being Requested**

*Please list items and cost.*

|  |  |
| --- | --- |
| 1. | $ |
| 2. | $ |
| 3. | $ |
| 4. | $ |
| Any additional notes? | |
| **Total amount to be requested from the Scholarship Fund?**  $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |