



The Karen A. Myers **Ability** Fund
Be a Billiken. Be an Ally for Inclusion.

A fund developed by SLU students for SLU students

Sponsored by:
The *SLU Beyond Ability* Student Organization

MISSION

The Ability Institute promotes global inclusion by providing educational opportunities to transform attitudes and develop allies for people with disabilities.

ELIGIBILITY CRITERIA

- You must not have received an award from the Ability Fund in the same academic year. Past applicants, who were not selected, are encouraged to apply again. Awards are not made during the summer sessions.
- You must be a student or faculty member of Saint Louis University who is in good standing with the University.
- **You must volunteer with The Ability Institute for the semester following the semester that the fund is awarded to you.**

APPLICATION DEADLINE

The Fall 2018 deadline will be Monday, November 19th. In cases of more immediate emergency, the selection committee reserves the right to consider applications and award funding prior to the deadline. Please submit your application to SLUDSC12@gmail.com

Karen A. Myers Ability Fund Application Form

Name:		Banner ID (if applicable):	
Local Address:			
City:		State:	Zip Code:
Phone Number:		SLU Email Address:	
Major:		Do you identify as a person with a disability? Yes/No	
Expected Graduation Date (if applicable):		Are you an International Student? Yes/No	

APPLICANT CERTIFICATION:

By signing below, you certify that all information on this application is true.

Applicant's Signature: _____ Date: _____

Your information will remain strictly confidential. If you have any questions or concerns, please do not hesitate to contact the scholarship organizers at SLUDSC12@gmail.com

FINANCIAL INFORMATION

Monthly Expenses Estimated Total \$ _____

(Rent, Meals/Groceries, Utilities, Tuition, Transportation, Misc.)

Monthly Income and all other financial support \$ _____

Award Amount Requested: \$ _____

(Please note: This is a requested amount only, and the actual amount awarded may vary.)

STATEMENT OF NEED - JUSTIFICATION FOR RECEIVING AWARD

Attach responses (3) on a separate page(s). Remember to omit any identifying information such as your name from responses. You may also submit an OPTIONAL resume with your responses.

1. Describe your need for an ABILITY fund award. How has this need affected any of the following: yourself, your family, your community, and your time at SLU? **Minimum 200 words.**
2. Outline the steps you have taken to meet this need on your own. Are you employed? Do you receive any form of outside help (money from family etc.)? **Minimum 200 words.**
3. How do you think we can take The Ability Institute to the next level?

HELP US HELP OTHERS

How did you hear about this award? Circle/Check all that apply.

- Friend
- Staff/Faculty Member
- Ability Institute mailer or Exhibit
- Other _____

Seeing the faces and stories of our award recipients can make a difference to potential donors and award recipients by providing a more personal connection than statistics allow.

If awarded, The Ability Institute may request to use your face in promotional materials.

You may decline your application's promotional use by signing below.

I would prefer not to participate _____