

SCHOLARSHIP APPLICATION

Columbus Old School Educational Foundation, Inc. is a non-profit organization which promotes post-secondary educational opportunities for first- generation students by offering scholarships to offset the costs of going to college and universities which may be two year or four-year institutions of higher learning. Scholarships are available for graduating high school students from the Tri-City areas of Muscogee, Chattahoochee, Counties GA, and Russell County, AL.

Name of applicant:			
		First name	Middle Initial
Address:			
	(Street number	and street name)	
City:			
State:			
Student's Contact 1	Phone Number:		
Date to graduate (o	or graduated) from hi	igh school:	
Name of High Scho	ool:		
High School G.P.A.	.: mini	mum 2.5 on a 4.0 scale;	if other scale, explain:



Description of extra-curricular activities. Specify offices held.			
•			
School counselor/advisor who can verify participation:			
Phone number of counselor/advisor for verification:			
Describe your plans after graduating:			
Description of community involvement/community service/volunteer service:			
Community leader who can verify community involvement:			
Phone number of community leader providing verification:			
Date to enter college:			
Name of college or university:			
Location of post-secondary institution named above:			
Number of years of college completed (if any):			



Professional/Career choice:	
I have submitted a professional-like photograph to be use recipient: Yes No	d if I am selected as a scholarship
I have signed and submitted the attached "Assignment of Scholarship Information": Yes / No	Rights & Consent to Publish
Attach a recent picture here.	
Signature of Applicant	Date
Signature of Parent (if applicant is younger than 21)	Date
Please submit a short 3-to-5-hundred-word essay describi	ing your career/life goals:



ASSIGNMENT OF RIGHTS & CONSENT TO PUBLISH SCHOLARSHIP INFORMATION

KNOW ALL PERSONS BY THESE PRESENTS:

THAT I,	, do hereby
give Columbus Old School Educational F	oundation, Inc. full rights to publish my name
and where I live (city, state,) my pertinen	t family information, the high school where I am
to graduate or graduated, academic infor	mation, college I am attending, photographs that
I have provided, and college update infor	mation; however, actual street address and phone
number will not_be disclosed.	
T 1 4 141 4 6T 1 4 14 .	

I understand that if I am selected to receive this scholarship award, it must be presented to the student by January 31st of the following calendrer year or the scholarship will be voided.

I understand that by execution of this agreement, I am relinquishing my rights to any future compensation for reproduction, publication or use of the above information by Columbus Old School Educational Foundation Inc. in its print or electronic publication or on its website.

I hereby specifically waive my right to review or approve the modification of the above information. (Modifications may be made to accommodate size or content



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COSEF'S NON-DISCRIMINATORY POLICY: