



## SCHOLARSHIP APPLICATION 2024-2025

The Columbus Old School Educational Foundation, Inc. is dedicated to empowering first-generation college students through scholarships that help cover the costs of higher education. We focus on supporting graduating high school students from the Tri-City areas of Muscogee and Chattahoochee Counties in Georgia, as well as Russell County in Alabama. Our goal is to provide opportunities for students to pursue their dreams at both two-year and four-year institutions, ensuring that financial barriers do not hinder their educational aspirations.

Applicant's Name (Last/First/Middle Initial): \_\_\_\_\_

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

City: \_\_\_\_\_

State: \_\_\_\_\_

Student's Contact Phone Number: \_\_\_\_\_

Date to graduate (or graduated) from high school: \_\_\_\_\_

Name of High School: \_\_\_\_\_

High School G.P.A.: \_\_\_\_\_ minimum 2.5 on a 4.0 scale; if other scale, explain:

Description of extra-curricular activities. Specify offices held. (Use a separate sheet if needed)

School counselor/advisor who can verify participation: \_\_\_\_\_

Phone number of counselor/advisors for verification: \_\_\_\_\_



Describe your plans after graduation (Use a separate sheet if needed)

Description of your community involvement, community service or volunteer service (use a separate sheet if needed):

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 college or university named above: \_\_\_\_\_

\_\_\_\_\_

Number of years of college completed (if any): \_\_\_\_\_

Professional/Career choice:

\_\_\_\_\_

\_\_\_\_\_



I have included a professional-like photograph to be used if I am selected as a scholarship recipient: Yes / No

I have signed and submitted the attached "Assignment of Rights & Consent to Publish Scholarship Information": Yes / No

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Signature of Applicant Date

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Signature of Parent (if applicant is younger than 21) Date

Please submit a short 3-to-5-hundred-word essay describing your career/life goals:



## ASSIGNMENT OF RIGHTS & CONSENT TO PUBLISH SCHOLARSHIP INFORMATION

KNOW ALL PERSONS BY THESE PRESENTS:

I, \_\_\_\_\_, do hereby grant the Columbus Old School Educational Foundation full rights to publish my name and where I live (city, state), my pertinent family information, the high school from which I am graduating or have graduated, academic information, the college I will be attending, photographs I have provided, and college update information; however, actual street address and phone number will not be disclosed.

I understand that if selected for this scholarship, we require verification from your college or university confirming your enrollment before we can process the award payment. This step ensures that funds are allocated appropriately and that you are actively pursuing your educational goals. Please submit this documentation as soon as possible. Verification must be received, and the award presented to the student no later than January 31<sup>st</sup> of the following calendar 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 restrictions. Modifications will not be made to "distort" or "falsify" any information provided.

I understand that this agreement in no way obligates Columbus Old School Educational Foundation Inc. to publish or use the above-described information. I further affirm that I am a first-generation student, in that neither of my parents completed a 2- or 4-year institution of higher learning.



Executed on the date of: \_\_\_\_\_

Applicant (Print name below):

\_\_\_\_\_

Applicant Signature

\_\_\_\_\_

\_\_\_\_\_

Parent 1 Name (Print). \_\_\_\_\_

Parent 1 Signature \_\_\_\_\_

Parent 2 Name (Print) \_\_\_\_\_

Parent 2 Signature \_\_\_\_\_

Witness Name (Print): \_\_\_\_\_ Signature: \_\_\_\_\_

#### COSEF'S NON-DISCRIMINATORY POLICY:

Columbus Old School Educational Foundation, Inc. will not discriminate in any educational practice, educational program, or educational activity based on race, color, religion, national origin, gender, age, or disability. COSEF's commitment to equal opportunity includes non-discrimination based on sexual orientation and gender identity. The President of the Board of Directors has been designated to handle inquiries regarding the non-discriminatory policy and can be reached at (706) 570-9488.