



FIRST - GENERATION SCHOLARSHIP APPLICATION 2025-2026

The Columbus Old School Educational Foundation, Inc. is dedicated to empowering first-generation college students, ***meaning those whose parents did not graduate college***, 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 either a two-year and four-year institution, 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: _____

Student's Email Address _____

Date to graduate 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. (Typed or neatly printed on separate sheet)

School counselor/advisor who can verify completeness: _____

Phone number of counselor/advisors: _____



Describe your plans after graduation from high school (Use a separate typed or neatly printed separate sheet)

Description of your community involvement, community service or volunteer service (use a separate typed or neatly printed sheet):

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): _____

Anticipated 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

Printed Name of Applicant

Signature of Applicant

Date

_____ I attest that my child is a first-generation student.
Printed Name of Parent/ Guardian

Signature of Parent

Date

Please submit a 3-to-5-hundred-word essay describing your career/life goals:
(Use separate typed or printed paper)



**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, verification from my college or university confirming my enrollment, and physical attendance in class must be provided before I am awarded scholarship. I will submit these documents as soon as possible, once my attendance, at college begins. Verification must be received, and the award presented to the student no later than January 31st 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's Signature

I/we attest to the above listed items as accurate and that I/we did not graduate from a College.

Parent 1 Name (Print). _____

Parent 1 Signature _____

Parent 2 Name (Print) _____

Parent 2 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.

EDUCATION THROUGH EXCELLENCE