

#### **EDUCATION WITHIN REACH**

#### **PURPOSE**

The Gavalas-Kolanko Foundation (GKF) is a public charity established to help students with physical disabilities reach their postsecondary educational goals. The GKF awards scholarships to students with physical impairments (sight, hearing, movement) at the College of Charleston.

### FIRST-TIME APPLICANTS

To qualify for the scholarship, first-time applicants must complete this form, in detail, with all supporting documents indicated below and upload it to the Cougar Scholarship Awarding System (CSAS) no later than July 28, 2023. The scholarship is renewable for up to four years, subject to the applicant's request for renewal, the applicant's continued suitability for the scholarship, and available funding of the GFK.

### RENEWAL APPLICATIONS

The GFK scholarship is not automatically renewed. Although this form does not need to be re-submitted, previous C of C recipients who wish to renew the scholarship must login to their Cougar Scholarship Awarding System (CSAS) account (all GKF recipients from 2022-2023 have accounts in CSAS) and complete a general application. Previous CofC recipients must also submit an updated list of extra-curricular/community service activities. Latest transcripts from Banner will automatically upload when the CSAS general application is completed/submitted.

#### SELECTION PROCESS

The GK Foundation Board will review all new and renewal applications and then award 2023-2024 scholarships, based on applicant suitability and current GFK funding resources. If selected, award recipients will receive notification during the Fall semester of the current academic year. The scholarship award will be applied to your Spring semester financial aid awards.

## SELECTED APPLICANTS

Scholarship recipients should be prepared to serve as an ambassador/ spokesperson of the Foundation and participate in GKF-related social and civic functions throughout the scholarship year.

# SUPPORTING DOCUMENTATION FOR FIRST-TIME APPLICANTS

In addition to completing the Personal Information Section below, first-time applicants must submit all of the following items, along with their application:

- a. Personal letter outlining your educational and vocational goals
- b. Complete, official transcript of your academic record (2.5 minimum GPA for undergraduate applicants and 3.0 minimum for graduate applicants)
- c. List of extra-curricular activities and organizations
- d. Two letters of recommendation; one must be from a former teacher. Letters of recommendation from a family member are not acceptable for this purpose.
- e. Picture of yourself

# PERSONAL INFORMATION SECTION

1.	Name			
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2.	Home Phone ( )			

3. 4.	Cell Phone ( )Campus Address		
	City		
5.	Permanent Address (if different then above)		
6.	Email Address		
7.	Date of Birth		
8.	Nature of Disability		
9.	Name of parent(s) or guardian(s)		
10.	High School	City/State	
11.	Year of HS graduationSt	tanding in class/ GPA_	
	For Graduate St	udents Only	
Bachelor Degree Awarded			
Date Degree Conferred			
Nan	me of Institution		
12.	Field of College Study:		
	Major/Minor		
13.	Class standing at College of Charleston in Fall 2023:		
	Freshman Sophomore	Junior	
	Senior Grad Student		

14.	Extra-curricular activities while in college (school and community)		
15.	Have you been accepted for admission to the College of		
	Charleston?		
16. /	Are you willing to appear at Foundation functions as an ambassador/		
9	spokesperson?		
	FINANCIAL INFORMATION		
17. /	Are you currently employed full or part time? [ ] Yes [ ] No		
18.	If currently employed, where and how many hours per week?		
	List previous scholarships and amounts awarded each year. Please note ch scholarships will be awarded for the 2023-2024 school year:		
	List source and amounts of any current student grant or loan aid. Please ude any student grant or loan aid for the 2023-2024 school year:		

**ESTIMATED EXPENSES** 

21. Please complete the following budget with estimated income and expenses for the year 2022-2023:

**ESTIMATED INCOME** 

22.

you

Funds from Parents \$	Tuition: \$
From Work: \$	Books/supplies: \$
From Savings: \$	Housing/food: \$
Scholarships/grants \$	College \$
Student Loans: \$	activities:
Other sources \$	Misc. Expenses: \$
TOTAL \$	TOTAL \$
Additional information you would li better:	ike to share with us so we may know

By my signature below, I certify that the information submitted in my application and supporting documents are true, complete and correct. I understand that if I have provided false information, I will forfeit any

scholarships and will be subject to code of conduct disciplinary action at the College of Charleston.			
Signature:	Date:		
Send the completed form and additional requirements to:			

**Cougar Scholarship Award System (CSAS)** 

Note: If you are not currently connected with the Center for Disability Services, you must make an appointment with Anne Osowski, Director of the Center for Disability Services, to discuss your application packet. This can take place in-person or virtually (i.e., Zoom). Anne may be reached at osowskia@cofc.edu.

For more information on the Gavalas Kolanko Foundation: www.gkfoundation.org.