



PURPOSE

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

FIRST-TIME APPLICANTS

To qualify for the scholarship, first-time applicants must complete this form, in detail, with all supporting documents indicated below and return it to Dr. Annie Watson, Director of Student Success & Disability Services at Charleston Southern University—no later than **Friday, July 28th 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 GKF.

RENEWAL APPLICATIONS

The GKF scholarship is not automatically renewed. Previous CSU recipients who wish to renew the scholarship must submit (a) current academic transcripts and (b) an updated list of extra-curricular/community service activities to Dr. Annie Watson, Director of Student Success & Disability Services.

SELECTION PROCESS

The 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 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 _____
2. Home Phone () _____
3. Cell Phone () _____
4. Campus Address _____
City _____ State _____ Zip _____
5. Permanent Address (if different then above) _____

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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 graduation _____ Standing in class/ GPA _____

For Graduate Students Only	
Bachelor Degree Awarded	_____
Date Degree Conferred	_____
Name of Institution	_____

12. Field of College Study: _____
Major/Minor _____
13. Class standing at Charleston Southern University in **Fall 2023**:
Freshman _____ Sophomore _____ Junior _____ Senior _____
Graduate Student _____
14. Extra-curricular activities while in college (school and community):

15. Have you been accepted for admissions to Charleston Southern University? _____
16. Are you willing to appear at Foundation functions as an ambassador/spokesperson? _____

FINANCIAL NEED

17. Are you currently employed full or part time? [] Yes [] No
 If currently employed, **where** and how many hours per week?

18. If currently employed, where and how many hours per week? _____

19. List previous scholarships and amounts awarded each year. Please note which scholarships will be awarded for the **2023-2024** school year:

20. List source and amounts of any current student loans. Please include any student loan loans for the **2023-2024** school year:

21. Please complete the following budget with estimated income and expenses for the year **2023-2024**:

ESTIMATED INCOME		ESTIMATED EXPENSES	
FUNDS FROM PARENTS:	\$ _____	Tuition:	\$ _____
FROM WORK:	\$ _____	Books/Supplies:	\$ _____
FROM SAVINGS:	\$ _____	Housing/Food:	\$ _____
SCHOLARSHIPS/LOANS:	\$ _____	College	\$ _____
		Activities:	
OTHER SOURCES:	\$ _____	Misc. Expenses:	\$ _____
TOTAL:	\$ _____	Total:	\$ _____

22. Additional information you would like to share with us so we may know

you better:

Signature: _____ Date: _____

Send the completed form and additional requirements to:

**Dr. Annie Watson/Director of Student Success & Disability Services
Charleston Southern University
9200 University Boulevard
Charleston, SC 29406**

Office location: Strom Thurmond Center
Telephone: (843) 863-7159 Fax: (843) 863-8030

Note: If you do not currently receive accommodations through the Office of Disability Services at our university, you must make an appointment with Dr. Annie Watson, Director of Student Success & Disability to submit your application packet, in person.

For more information on the Gavalas Kolanko Foundation, visit us on the web www.gkfoundation.org.