



### **PURPOSE**

The Gavalas-Kolanko Foundation (GKF) is dedicated to helping students with physical disabilities reach their secondary educational goals. The GKF awards scholarships to students with physical impairments (sight, hearing, movement) at Clemson University's Charleston based campuses.

### **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 Rob Seay, Student Services Manager, at the Zucker Family Graduate Education Center (raseay@clemson.edu), no later than **August 2, 2024**. 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. Previous Clemson University 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 Rob Seay, Student Services Manager.

### **SELECTION PROCESS**

The GK Foundation Board will review all new and renewal applications and then award 2024-2025 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 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, first-time applicants must submit all of the following items, along with their application:

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

### **PERSONAL INFORMATION SECTION**

Name: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_

Cell Phone: ( ) \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

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

Date of Birth: \_\_\_\_\_

Nature of Disability: \_\_\_\_\_

Do you currently receive accommodations through Student Accessibility Services? Yes \_\_\_\_\_ No \_\_\_\_\_  
 If not you will need to schedule a meeting prior to application being reviewed. SAS will confirm applicant meets criteria for scholarship with the Student Services Manager at CURI.

<b>For Undergraduate Students Only</b>	
Name of High School/City/State	
Year Graduated	
Standing in Class/GPA	

<b>For Graduate Students Only</b>	
Name of Institution	
Date Degree Conferred	
Degrees Awarded	

Major: \_\_\_\_\_ Credit Hours (Fall semester): \_\_\_\_\_

Class standing at Clemson University in Fall 2024:  
 Freshman \_\_\_\_\_ Sophomore \_\_\_\_\_ Junior \_\_\_\_\_ Senior \_\_\_\_\_ Graduate Student \_\_\_\_\_

Extra-curricular activities while in college (school and community): \_\_\_\_\_  
 \_\_\_\_\_

Have you been accepted for admission to Clemson University? [ ] Yes [ ] No

Are you willing to appear at Foundation functions as an ambassador/spokesperson? [ ] Yes [ ] No

**FINANCIAL INFORMATION SECTION**

Are you currently employed full or part time? [ ] Yes [ ] No

If currently employed, where and how many hours per week? \_\_\_\_\_

List previous scholarships and amounts awarded each year. Please note which scholarships/fellowships will be awarded for the 2024-2025 school year: \_\_\_\_\_  
 \_\_\_\_\_

List source and amounts of any current student grant or loan aid. Please include any student grant or loan aid for

the 2024-2025 school year: \_\_\_\_\_  
 \_\_\_\_\_

Please complete the following budget with estimated income and expenses for the year 2024-2025

ESTIMATED INCOME		ESTIMATED EXPENSES	
Funds from Family	\$ _____	Tuition:	\$ _____
From Work:	\$ _____	Books/Supplies:	\$ _____
From Savings:	\$ _____	Housing/Food:	\$ _____
Scholarships/Grants	\$ _____	College Activities:	\$ _____
Student Loans:	\$ _____	Misc. Expenses:	\$ _____
Other Sources	\$ _____	TOTAL	\$ _____
TOTAL	\$ _____		

Additional information you would like to share with us so we may know you better:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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 Clemson University.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Send the completed form and additional requirements to:

**Rob Seay**  
**Student Services Manager**  
**Clemson University Restoration Institute**  
**1240 Supply Street**  
**North Charleston, South Carolina 29405**  
 Or email to [rseay@clemson.edu](mailto:rseay@clemson.edu)

Office location: ZGEC 113  
 Telephone: (843) 730-5113 email: [rseay@clemson.edu](mailto:rseay@clemson.edu)

For more information on the Gavalas Kolanko Foundation, visit us on the web at [www.gkfoundation.org](http://www.gkfoundation.org)