# COLUMBUS OLD SCHOOL EDUCATIONAL FOUNDATION, INC Scholarship Program

The awards process is highly competitive and recognizes outstanding first-generation students who plan to pursue a 2- or 4-year degree at an accredited college or university. Each student may receive an average one-time award of \$1,000. Please note that these scholarships are non-renewable and awarded for a single academic year. Importantly, all scholarships are granted without regard to race, color, creed, religion, sex, disability, or national origin.

# **Eligibility Criteria**

- Have a transcript sent to the Foundation by the school.
- If you are 18 or older, you must show proof that you are a registered voter.
- Submit three letters of recommendation, one of which must be from the school principal.
- Write a one-page essay about yourself, explaining why you deserve this award. Include your community involvement and future goals.
- Provide a professional-like photo for our scholarship booklet. Email photo to <u>cosefinc@gmail.com</u>. Include in the subject of the email your "full name and "PHOTO FOR 2024-2025 SCHOLARSHIP".
- Submit the application and complete all requirements by December 15 of the current year.
- Be available for an interview in January of the following year.
- If selected, attend the Scholarship Award Ceremony (date to be determined in 2025).
- Commit to attending a two- or four-year institution of higher learning by September after high school graduation.
- If awarded, utilize the scholarship by January 31st of the year following the award date; otherwise, the award will be voided.
- Awards are subject to revocation if requirements are not met.
- Must be a student from the Tri-City area, which includes Muscogee and Chattahoochee Counties in Georgia and Russell County in Alabama.
- Maintain a GPA of 2.5 or higher.

#### **Candidate Interviews**

After the application forms are received, some candidates will be invited to interview with the Scholarship Committee. Interviews are held during the month of January each year. Location and times for each interview will be provided before entering the competition. Each applicant should consider carefully whether he or she can arrange to be present for such an interview and must affirm the application his or her intent, if invited.

### Accessing The Scholarship Application

The Scholarship Application is available for download on our website starting in September of each year. If you have any issues downloading or accessing our website due to maintenance downtowns, please email the Scholarship Committee at <a href="mailto:cosefinc@gmail.com">cosefinc@gmail.com</a> to request the application be sent to your email. You can also check with your school Guidance Counselor to obtain the application packet.

#### EDUCATION THROUGH EXCELLENCE

COSEF 3100 Gentian Blvd, Suite 115, Columbus, GA 31907 COSEF EMAIL: cosefinc@gmail.com

#### **Important Timelines**

The Columbus Old School Educational Foundation has designated a three-month period from October to December in which applications are accepted for the following academic year.

To be considered for a scholarship, all components of the application, to include all letters of recommendation and transcripts, must be completed and received in our office via postal mail by December 15<sup>th</sup> each year. Mail applications and supporting documents to the following address:

COLUMBUS OLD SCHOOL EDUCATIONAL FOUNDATION 3100 Gentian Blvd, Suite 115 Columbus, Georgia 31907

\*Please carefully review the eligibility criteria before completing the application package.

#### **TERMS OF ACCEPTANCE**

Acceptance of an award obligates the recipient to:

- Maintain a high standard of work and conduct.
- Have transcripts sent to the foundation by his or her school after each semester.
- Keep a close relationship with the foundation through correspondence and visits.
- Advise the foundation promptly of any change in his or her academic or financial situation.
- If awarded, the student must utilize the award by January 31<sup>st</sup> of the year following the award date. Otherwise, the award will be voided.
- Every award is subject to revocation if, in the opinion of the foundation, the holder fails to meet these requirements.
- Provide a student acceptance letter which must include the student's identification and number. This will allow the foundation to verify enrollment and attendance which is required to process payment of the scholarship award.

#### SCHOLARSHIP COMMITTEE CONTACT INFORMATION

Please contact the Scholarship Committee Chair if you have any questions.

Melvin Blackwell 706-289-7022 blackw\_m@bellsouth.net

EDUCATION THROUGH EXCELLENCE

COSEF 3100 Gentian Blvd, Suite 115, Columbus, GA 31907 COSEF EMAIL: cosefinc@gmail.com



# 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 counceler/advisor who can varify participation:   |
| School counselor/advisor who can verify participation:  Dhene number of soungelor/advisors for verification: |
| 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

| Signature of Applicant                                | Date |  |
|---|------|--|
| 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 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 Signature           |              |  |
|                               |              |  |
| Parent 1 Name (Print).        | <del> </del> |  |
| 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.



# 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 counceler/advisor who can varify participation:   |
| School counselor/advisor who can verify participation:  Dhene number of soungelor/advisors for verification: |
| 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

| Signature of Applicant                                | Date |  |
|---|------|--|
| 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 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 Signature           |              |  |
|                               |              |  |
| Parent 1 Name (Print).        | <del> </del> |  |
| 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.