



## **GEORGIA SCHOOL COUNSELOR ASSOCIATION SCHOLARSHIP INFORMATION**

The purpose of the GSCA Legacy Scholarship is to provide recognition and financial assistance for the first year of full-time postsecondary education for deserving children and/or grandchildren of GSCA members. The award is a cash scholarship of \$1,000.

Children/grandchildren must be graduating seniors entering their first year of full-time postsecondary education. For the purposes of this scholarship, (grand)children are defined as birth (grand) children, step(grand)children, adopted (grand)children and dependents. The parent must have been a GSCA member for at least five consecutive years and hold current membership. Please contact Lisa Kraus Gardner at [lisa@gaschoolcounselor.org](mailto:lisa@gaschoolcounselor.org) with any questions.

### **APPLICATION PROCESS**

Applicant must submit the packet of information in the following order (files clearly labeled if emailing, stapled in the upper left if mailing):

Item 1 – GSCA Scholarship Application Cover Sheet

Item 2 – GSCA Scholarship Application

Item 3 – Official transcript, including cumulative unweighted or weighted GPA or cumulative numerical average, and class rank or quartile placement. Please specify whether the GPA is unweighted or weighted. If SAT or ACT scores are not listed on the transcript, please provide a letter from the school counselor providing the missing data and/or necessary documentation of your test scores from the College Board and/or the ACT Program.

Item 4 – Essay (maximum two typed, double-spaced pages) – Should answer the questions, “What is your postsecondary school choice and why?” and “What do you expect to gain from a postsecondary education?”

This is an opportunity for the student to include information (s)he feels would help the selection committee make a decision. This could include any relevant aspirations, family information, special circumstances, and /or financial concerns.

Item 5 – Letter of recommendation from member of school faculty (must validate aspects of scholarship application).

Item 6 – Letter of recommendation from another adult (must validate aspects of the scholarship application).

Item 7 – Letter of recommendation from student’s high school counselor (must validate aspects of scholarship application).



## Scholarship Application Cover Sheet

Name of Applicant: \_\_\_\_\_

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

Home Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Preferred Telephone Number: \_\_\_\_\_

Name of High School: \_\_\_\_\_

Address of High School: \_\_\_\_\_

High School Counselor: \_\_\_\_\_

Telephone Number and E-mail Address of Counselor: \_\_\_\_\_

Parent's/Parents' Name(s): \_\_\_\_\_

Name of GSCA Member: \_\_\_\_\_

School/schools to which you have applied: \_\_\_\_\_

*Proof of enrollment must be provided before monies are awarded.*

Completed application may be returned via one of the following:

Email: [lisa@gaschoolcounselor.org](mailto:lisa@gaschoolcounselor.org) (please include "Legacy Scholarship" in subject line)

or Mail: GSCA Executive Office  
Attn: Lisa Kraus Gardner  
2900 Delk Road  
Suite 700, PMB 321  
Marietta, GA 30067

**Packet must be postmarked/faxed/emailed no later than February 28, 2026**

2900 Delk Road | Suite 700, PMB 321 | Marietta, GA 30067  
770-971-6002 ph | 404-393-9506 fax  
[info@gaschoolcounselor.org](mailto:info@gaschoolcounselor.org)



## Scholarship Application

Name of Applicant: \_\_\_\_\_

School Activities: \_\_\_\_\_

Community Service/Involvement: \_\_\_\_\_

Leadership Experience: \_\_\_\_\_

Work Experience: \_\_\_\_\_

Special Awards and Recognition: \_\_\_\_\_