



San Diego Committee  
on Employment  
for People with Disabilities

*Fegan D. Hark* Memorial Scholarship

## **2024 KSM Scholarship Application**

Thank you for your interest in the KSM Scholarship for the 25th Annual Jobtoberfest. Please attach your transcripts as a digital file and email to [scholarship@sdjobtoberfest.org](mailto:scholarship@sdjobtoberfest.org).

**Application is due by Friday, August 16th, 2024.**

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

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

Email: \_\_\_\_\_ Phone number: \_\_\_\_\_

I am eligible (please check all that apply):

- I am a person with a disability as defined under Federal and/or California law.
- I am a U.S. Citizen or Legal Resident.
- I will be attending a post-secondary educational school—such as community college or trade school—at the time of scholarship provision.

Name of School Attending: \_\_\_\_\_ Major/Trade: \_\_\_\_\_

Name of Advisor/Counselor: \_\_\_\_\_

Contact Information: \_\_\_\_\_

Transcripts or proof of enrollment in school is required. Please check which applies to you:

- I have included my transcripts/class schedule for the school I am currently attending.
- This is my first semester of school. I am attaching proof of enrollment and/or my educational plan for the school I am currently attending.

**Prior to awarding the scholarship, the reviewers will verify your enrollment. By signing here you agree to release this information to the committee.**

**Signature:** \_\_\_\_\_

Charlene Autolino, CEO/Chair  
David Silva, Vice Chair | Cathleen Mingo, Executive Secretary  
[www.sdjobtoberfest.org](http://www.sdjobtoberfest.org) | (619) 737-2270

## **Financial Need**

Please check what public or federal assistance you receive (if any):

SSI/SSDI       Cash Aid       CalFresh       Medi-Cal/Medicare       Other

Do you receive any financial aid?     Yes       No

Do you receive any grants?     Yes       No

Do you have any student loans?     Yes       No

Are you in a work-study program?     Yes       No

Do you receive other financial assistance for your education?     Yes       No

Explain your educational finance need in 50 words or less.

How did you learn about the KSM Scholarship? \_\_\_\_\_

**As the applicant, you attest that the information completed on this application is factual, true, and verifiable.**

**Name:** \_\_\_\_\_      **Date:** \_\_\_\_\_

## **Essay**

In 500 words or less, please provide the review committee with an essay that includes the following information:

- What is your educational goal?
- Do you have any educational achievements?
- What is your career goal?
- How do you plan to achieve your educational and career goals?
- Have you participated in any community service activities?
- What types of leadership positions have you held?
- What other achievements would you like the committee to consider when reviewing your application?
- How has your disABILITY made a positive impact on your educational and career goals?