



San Diego Committee  
on Employment  
for People with Disabilities

*Fegan D. Harris Memorial Scholarship*

## **2026 KSM Scholarship Application**

Thank you for your interest in the KSM Scholarship for the 27th Annual Jobtoberfest. Please attach your transcripts as a digital file and email to [scholarship@sdjobtoberfest.org](mailto:scholarship@sdjobtoberfest.org). **DEADLINE FOR SUBMISSION IS SEPTEMBER 1, 2026.**

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 and resident of San Diego or Imperial County.

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.

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

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

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

### **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 FINANCIAL need in 50 words or less:**

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

If selected to receive a scholarship, will you be able to be recognized in person at this year's Jobtoberfest event in Balboa Park at 10:00 AM on the morning of October 7, 2026? This will NOT determine your eligibility for the award .

YES    NO

**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?
- Has your disability played a role in your career or educational goal? If so, how?
- 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?