



Georgia College Counseling Association



Uniting College Counselors in Spirit and Practice

GCCA Presidents' Grant Application Packet

2016-2017 Academic Year

Information Packet and Application

For students in graduate programs in Georgia which can lead to employment as a college counselor.

Award Highlights

- \$750 Cash Grant
- Registration and opportunity to present at Georgia College Counseling Association's annual conference in St. Simon's, Georgia
- Lodging at King & Prince Resort with meals included as part of GCCA Conference Registration

GEORGIA COLLEGE COUNSELING ASSOCIATION

PRESIDENTS' GRANT

Grant description and criteria

The Georgia College Counseling Association is pleased to help support the future of our profession through Presidents' Grants. In January 2009, the board voted to establish the Presidents' Grant to honor the founders and past presidents of GCCA. These grants, awarded annually, are to encourage and support emerging graduate students in their development as professional college counselors in the state of Georgia.

Presidents' Grants are designed for students in graduate programs located in Georgia which may lead to employment as a college counselor. Grant winners are expected to present at the Annual Conference either in a poster session or in a regular session, and may co-present with professionals. The information below applies to the 2016-2017 academic year. For more information about GCCA please visit our website:

www.gacollegecounseling.org; see below for contact information specific to the Presidents' Grant.

Grant winners will receive:

1. Cash grant of \$750. (The cash award portion of the grant has no restrictions on use.)
2. Registration for the GCCA Annual Conference and meals provided during the conference (lunch, breakfast).
3. Room for three nights at the GCCA Annual Conference (January 25, 26, 27, 2017).

Criteria for applicants:

1. The applicant must be a masters, specialist, or doctoral level student in a program which prepares students to become a college counselor, if they choose. This could be counseling, social work, psychology, marriage and family therapy, or other related programs.
2. The applicant must be a member of the Georgia College Counseling Association. Membership is free for students. Applications are available on our website www.gacollegecounseling.org
3. The applicant's program must be based in the State of Georgia or student must be attending a campus in Georgia.
4. The applicant must submit the appropriate application which includes a statement of financial need (Part III of the application). The applicant must be willing to submit supporting documentation if requested. This may include tax return information, employment verification, or other documentation. This information will only be used by the GCCA council and will be destroyed after the grant(s) have been awarded. Personally identifiable information will not be released to the council.
5. The applicant must submit two letters of support/reference, one of which must come from a faculty member in the program in which the student is enrolled. References should be submitted in writing in a sealed envelope directly to designated GCCA representative.
6. The applicant must submit proof of enrollment.

Grant winners are required to present at the Annual Conference. This may be a 20 minute poster session (this may be done via PowerPoint presentation) or a regular, 1.5 hour presentation session. Grant recipients are also expected to assist at the conference with tasks assigned by the executive council. ***Doctoral Students must present a 1.5 hour program.**

The GCCA Council will review all applications and make recommendations to the Past-President as to whom the grant should be awarded. The review process will be "blind." Applicants will be assigned a number and personally identifiable information will be removed before applications are reviewed. Scholastic accomplishment, demonstrated leadership, and financial need will be considered in determining grant recipients.

The Council may modify the criteria or other aspects of the grant. The Council may elect to offer more than one grant during a given year.

Timetable

Deadline for applications: **SEPTEMBER 30, 2016**

Award winners will be notified: November 4th, 2016

Awards will be announced at the annual conference: January 25th-27th, 2017

Contact for Presidents' Grant Information:

If you have any questions regarding the Presidents' Grant, do not hesitate to contact the current GCCA Past-President. All grant applications are submitted directly to the Past-President, who will also inform all applicants of their status after grant recipients are selected.

Andre Griggs, M.A., LPC
GCCA Past-President
Counselor, Kennesaw State University (Marietta Campus)
1100 S. Marietta Parkway
Marietta, GA. 30060
agriggs4@kennesaw.edu
Voice: 678.915.3943
Fax: 678.915.7161

Application – Presidents’ Grant

For students in graduate programs in Georgia which may lead to employment as a college counselor.

Sponsored by the Georgia College Counseling Association

Please print legibly or type.

PERSONAL INFORMATION

Name of applicant: _____

SSN (last 4 digits): xxx-xx- _____ or Student ID number _____

Name of university: _____

Address: _____

Telephone number (H or C): _____ Work telephone: _____

E-mail address: _____

Name of spouse/partner (if applicable): _____

Ages of children: _____

Applicant’s date of birth: _____ Age: _____

Place of birth: _____

Please submit before September 30, 2016

For office use only.

Date received: _____

Assigned identifier: _____

PART I: ACADEMIC HISTORY

High School: _____ Year graduated: _____

Undergraduate college(s): _____

Undergraduate GPA: _____ Year graduated: _____

Degree(s) earned: _____

Undergraduate academic honors & awards: _____

Other graduate degree(s) earned/year earned (if applicable): _____

Current university: _____

Current program (Social Work, Counseling, Psychology, etc.): _____

Graduate school status: _____ Full time program _____ Part time program

Current GPA: _____

Date entered program: _____ Expected graduation date: _____

Current extracurricular and/or volunteer activities, academic honors, and awards: _____

PART II: EMPLOYMENT HISTORY

Current employer: _____

Employer's address: _____

Job title: _____

Number of hours worked per week: _____

Past three years' employment:

Employer: _____ Full time Part time

Address: _____

Job title: _____

Length of employment: _____

Employer: _____ Full time Part time

Address: _____

Job title: _____

Length of employment: _____

Employer: _____ Full time Part time

Address: _____

Job title: _____

Length of employment: _____

PART III: FINANCIAL INFORMATION

Total annual income: \$ _____

Supplemental income (report all income received from grants, scholarships, loans, etc.):

\$ _____ from _____

\$ _____ from _____

\$ _____ from _____

\$ _____ from _____

PART IV: PERSONAL COMMENTS

Please share any additional information you would like the committee to consider: _____

PART V: AUTOBIOGRAPHICAL STATEMENT

Please attach an autobiographical statement, not to exceed three pages, typed and double spaced, with this application.

Presentation Topic:

All recipients are asked to present or co-present at the Annual Conference January 25th – 27th, 2017.

Please indicate the general topic of your presentation: _____

Application Checklist: Have you...

_____ Completed the Grant application?

_____ Included proof of enrollment?

_____ Completed the GCCA Membership application?

_____ Asked two references to send letters of recommendation to the individual named below?

_____ Submitted your program proposal?

Application AND Program Proposal must be received by SEPTEMBER 30, 2016.

Submit all applications to:

Andre Griggs, M.A., LPC

GCCA Past-President

Kennesaw State University Counseling Center (Marietta Campus)

agriggs4@kennesaw.edu

1100 S. Marietta Parkway

Marietta, GA. 30060

Voice: 678.915.3943

Fax: 678.915.7161

Georgia College Counseling Association Membership

Uniting College Counselors in Spirit and Practice

To apply for GCCA Membership: Print this form, supply the requested information, and forward it with the appropriate attachment.

Date: _____ Name: _____

Educational Degree: _____

Professional Titles: (Check All that Apply): LPC LAPC LPSY LCSW LMFT MSW NCC CSW
LPC-S CAC II Other _____

Employment Title: _____

Institution: _____

Address: _____

FAX and Phone Number(s): _____

E-mail Address: _____

Membership Year (Print the year to the right): _____ **Membership is renewed annually at the GCCA Conference, therefore your membership is good until that time.**

Membership Types (Check one)

Professional – Employment as a Counselor in a higher education institution and possession of at least a Masters degree from a program, which is primarily counseling in content and granted from an accredited institution of higher education. Includes retired professionals.

Associate – An individual who supports the association, but does not meet the professional member criteria. This individual is a non-voting member.

Student – An individual currently enrolled half time or more in a graduate counseling or closely related program.

Membership Fee (Check One):

Professional or Associate - \$35.00

Student - No fee. However, an affidavit of attendance from the graduate school is required