



Post Office Box 106001  
Jefferson City, Missouri 65110

## 2018 SCHOLARSHIP APPLICATION

**WHO CAN APPLY:** All local students, who will be attending a university, college or trade school in the fall of 2018 are eligible to apply. The application process will be conducted by members of the East Side Business Association's Scholarship Committee. Multiple \$1,000 scholarships will be awarded.

**APPLICATION DEADLINE:** Applications must be **completed in full** and mailed to the above address and **MUST** be postmarked no later than February 28, 2018. This application must be **typed or printed in black ink**.

### Personal Information:

Last Name			First Name			Middle Name			
Street Address			City			Zip Code			
Home Phone Number		Current School Attending				Employer (if applicable)			
Father's Name				Employer					
Mother's Name				Employer					

### College Plans:

College/Trade School Planning to Attend		Yes ___ No ___	Month/Year Planning to Attend	
Intended College Major		Career Goal		

### Other Scholarship/Financial Aid Information:

Please note other scholarship or financial aid for which you have made application and/or received

Name of Scholarship/Financial Aid	Applied For		Received	
	Yes	No	Yes	No
_____	Yes	No	Yes	No
_____	Yes	No	Yes	No
_____	Yes	No	Yes	No

### High School Achievements/Activities:

Significant school activities, offices held, letters earned, etc. (please attach additional pages if needed)

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**Extracurricular Activities:**

Activities you are engaged in outside of school such as church, scouts, etc. (please attach additional pages if needed)

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**Volunteer Work:**

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**Additional Requirements:**

**Essay:** Compose an essay of not more than 200 words explaining your goals for the future and your professional ambitions. How will this scholarship help you to achieve your goals? What are your plans after graduation? Attach the essay to this application.

**Letters of Recommendation:** Submit two letters of recommendation, including one by an individual other than a school representative or relative. Preference will be given to applicants who receive the recommendation of a member of the East Side Business Association. Attach those letters to this application.

**Hardship(s):**

State any conditions, handicaps or hardships which the selection committee should take into consideration.

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\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Signature of Parent/Guardian

To be completed by high school counselor (if graduated before 2018, attach a copy of transcripts from high school and/or any post-secondary education)

GPA: \_\_\_\_\_ Class Rank: \_\_\_\_\_ of \_\_\_\_\_ ACT Composite Score: \_\_\_\_\_ Verbal: \_\_\_\_\_ Math: \_\_\_\_\_

Do you believe the education plans of this student are realistic? \_\_\_\_\_

Counselor Recommendation: \_\_\_\_\_  
\_\_\_\_\_

To the best of my knowledge, the statements made on this scholarship application are accurate.

\_\_\_\_\_  
Signature of Counselor

\_\_\_\_\_  
Date