

2025 SC	CHOLARSHIP	APPLICATION	N	
ELIGIBILITY: Applicants must be local high so school in the fall of 2025 and who meet at least				
Child of Current JCESBA Member Plan to A				
APPLICATION DEADLINE: Applications must	t be completed in full	l and mailed to the a	above address a	and MUST be
postmarked no later than April 1, 2025. This a	pplication must be ty	ped or printed in bla	ack ink and <u>do</u>	NOT staple.
	Personal Inform	nation:		
Last Name	First Name		Middle Name	;
Street Address	City		Zip Code	
Mobile Number Current School Attending	Employer (if applicable)			
Father's Name	Employer			
Mother's Name	Employer			
	College Plar	ıs:		
College/Trade School Planning to Attend	Yes No Currently Admitt	ted? Month/Year P	lanning to Attend	
Intended College Major	Career Goal			
Othor Sol	1 1.1 /Financia	· · · · · · · · · · · · · · · · · · ·		
	nolarship/Financia		n:	
Please note other scholarship or financial aid for which y	ou have made application			
Name of Scholarship/Financial Aid		Applied For Yes No		Received Yes No
		Yes No		Yes No
		Yes No		Yes No
Please note if you are participating in	+ho A± Drogram	Yes No		
Please flote if you are participating	the AT Frogram	Yes INO		
Does your potential college accept the	e A+ Program?	Yes No		

High School Achievements/Activities:				
Significant school activities, offices held, letters earned, etc. (please attach additional pages if needed - no staples, please)				
Extracurricular Activities:				
Activities you are engaged in outside of school such as church, scouts, etc. (please attach additional pages if needed)				
Volunteer Work:				
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 Jefferson City East Side Business Association. Attach those letters to this application (no staples, please).				
Hardship(s): State any conditions, handicaps or hardships which the selection committee should take into consideration.				
	tee should take into consideration.			
Signature of Student	Signature of Parent/Guardian			
Email	Email			
To be completed by high school counselor (if graduated before 2024, 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			