

2023 SCHOLARSHIP APPLICATION

ELIGIBILITY: Applicants must be local students, who will be attending a university, college, or trade school in the fall of 2023 and <u>who meet at least one</u> of the following criteria (please check all that apply):

____ Child of Current ESBA Member ____ Plan to Attend Lincoln University or State Tech ____ With Reference Letter from ESBA Member

APPLICATION DEADLINE: Applications must **be completed in full** and mailed to the above address and MUST be postmarked no later than February 28, 2023. This application must be **typed or printed in black ink and <u>do NOT staple</u>.**

		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 Currently Admitted?	Month/Year Planning to Attend
Intended College Major	Career Goal	

Other Scholarship/Financial Aid Information:						
lease note other scholarship or financial aid for which you have made application and/or received						
ame of Scholarship/Financial Aid	Applied For		Received			
	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 - 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 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.

Signature of Student

Signature of Parent/Guardian

To be completed by high school counselor (if graduated before 2020, attach a copy of transcripts from high school and/or any post-secondary education)								
GPA:	Class Rank:	of	ACT Composite Sco	re:	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 Counse	≥lor			Date				