

| 2024 S | SCHOLARSHIP AF | PPLICATION | | |
|---|------------------------------------|-----------------------------------|----------------------------|--|
| ELIGIBILITY: Applicants must be local studer 2024 and who meet at least one of the follow | = | - | rade school in the fall of | |
| Child of Current JCESBA Member Plan to | | | Letter from JCESBA Member | |
| APPLICATION DEADLINE: Applications must postmarked no later than February 29, 2024. | ust be completed in full an | nd mailed to the above add | dress and MUST be | |
| | Personal Informat | ion: | | |
| Last Name | First Name | Midd | lle Name | |
| Street Address | City | Zip Cc | ode | |
| Mobile Number Current School Attending | Er | 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 Sc | holarship/Financial A | Aid Information: | | |
| Please note other scholarship or financial aid for which | you have made application and | d/or received | | |
| Name of Scholarship/Financial Aid | | Applied For Yes No | Received Yes No | |
| 1 | | Yes No | Yes No | |
| | | Yes No | Yes No | |
| | | | | |
| | School Achievements | - | .4 | |
| Significant school activities, offices held, letters earned, | , etc. (please attach auditional p | Jages IT needeu - No Stapies, pie | | |
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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: | | | | |
| 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 Jefferson City East Side Business Association. Attach those letters to this application (no staples, please). | | | | |
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| 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 | | | |
| Email | Email | | | |
| _ | | | | |
| To be completed by high school counselor (if graduated before 2024, attach a co | opy of transcripts from high school and/or any post-secondary education) | | | |
| GPA: Class Rank: of ACT Composite Sco | | | | |
| 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 | | | |