



P.O. Box 105522
Jefferson City, MO 65110-5522

WHO CAN APPLY: Scholarships of \$1,000 are available to graduating **high school seniors** attending college/technical school in the fall of **2025** whose employer or parent's employer is a member of the Jefferson City West Side Business Association.

SCHOLARSHIP APPLICATION

Application Deadline: Applications should be mailed to the above address, and **MUST** be postmarked no later than **April 1, 2025**. This application must be typed or printed in black ink.

Personal Information:

Last Name First Name Middle Name

Street Address City Zip Code

Your Primary Phone # _____ Parent's Phone # _____

Your Email _____ Parent's email _____

Your Employer (if any) High School You Are Attending

Father's Name Employer

Mother's Name Employer

Activities/College Plans:

Where do you plan to attend college: _____

Have you been admitted: ☐ Yes ☐ No Month/Year you plan to attend: _____

Probable college major: _____

Career Goal: _____

Significant school activities, leadership positions and offices held, letters earned, etc.

Out of school activities (church, scouts, volunteering, etc.)

Scholarships Documentation

List the names and amount(s) of other scholarships you have received. Please include institutional scholarships, A+ and Bright Flight eligibility.

1.	<hr/>	\$ <hr/>
2.	<hr/>	\$ <hr/>
3.	<hr/>	\$ <hr/>
4.	<hr/>	\$ <hr/>
5.	<hr/>	\$ <hr/>
6.	<hr/>	\$ <hr/>

Essay

Compose a statement 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? **Attach the essay to the back of this application.**

Letter of Recommendation

Submit one letter of recommendation by an outside individual other than a school representative or relative.
Attach the letter to the back of this application.

Financial Documentation

The following information is submitted for **confidential** use by the selection committee in determining financial need and should be provided by your parent or guardian. Indicate your family's gross annual family income as reported on federal income tax forms:

___ Less than \$25,000	___ \$40,000-\$59,000	___ \$80,000-\$99,000	___ \$150,000 PLUS
___ \$25,000-\$39,000	___ \$60,000-\$79,000	___ \$100,000-\$149,000	

List names and ages of dependents as reported in your parent's federal income tax form:

_____	_____	_____
_____	_____	_____

State any conditions or physical handicaps involving expenses or possible hardships, which the selection committee should take into consideration

Signature of Student

Signature of Parent/Guardian

TO BE COMPLETED BY COUNSELOR:

Student's G.P.A. _____ Class Rank: _____ of _____

ACT Composite Score _____ SAT 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 by the student on this scholarship application are correct.

Signature of Counselor

Date