

BUSINESS/EDUCATION PARTNERSHIP SCHOLARSHIP APPLICATION 2024

1.	Last Name:	First Name:	
2.	Mailing Address Street: City: State:	Zip:	
3.	Daytime Telephone Number: () Email Address:		
4.	Date of Birth: Month Day Year	Gender:	
5.	Cumulative Grade Point Average (GPA):	(On a 4.0 scale)	
6.	Name of High School currently attending:		
7.	A. List any academic honors, awards and membership activities while in high school: (Use a separate sheet if necessary.) B. List your hobbies, outside interests, extracurricular activities and school-related volunteer activities: (Use a separate sheet if necessary.)		
8.	College, University or Technical School to be attended	l:	
9.	Declared Field of Study:		

STATEMENT OF ACCURACY FOR APPLICANTS

I hereby affirm that all the information provided by me is true and correct to the best of my knowledge. I also consent that if chosen as a scholarship recipient that my picture may be taken and used to promote the JO Gives Scholarship Program. (Recipient may waive photo due to unusual or compelling circumstances.)

I hereby understand that if chosen as a scholarship recipient, according to JO Gives Scholarship Program policy, it is my responsibility to remit to JO Gives the appropriate information for my scholarship to be paid directly to me for my fall semester 2024.

Applicant	Signature	Date
To be completed by Guidan	ce Counselor:	
STATEM	MENT OF SUPPORT BY GUID	ANCE COUNSELOR
	olication meets the criteria set for JO Gives Scholarship Program	orth by this scholarship program and that n.
Name of Guidance Counse	elor submitting the application:	
High School:		
Counselor Contact informa	tion (email and phone):	
Guidance Counselor	Signature	Date
JO c/o 22	ease mail complete package to: O Gives O Janice Overbeck Real Estate To 49 Roswell Road Arietta, GA 30062	eam
or Business/Education P	artnership Scholarship use c	only:
Checklist Application and Statement Minimum of 2 letters of rec		Essay or Video Guidance Counselor signatu