



**BUSINESS/EDUCATION PARTNERSHIP SCHOLARSHIP  
APPLICATION 2025**

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

## 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 2025.

I hereby understand that I will not submit this application without all required attachments and supporting information. Incomplete applications or applications that do not meet eligibility criteria will not be considered for this scholarship.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

**To be completed by Guidance Counselor:**

### STATEMENT OF SUPPORT BY GUIDANCE COUNSELOR

I hereby affirm that this application meets the criteria set forth by this scholarship program and that I support this application to JO Gives Scholarship Program.

Name of Guidance Counselor submitting the application: \_\_\_\_\_

High School: \_\_\_\_\_

Counselor Contact information (email and phone): \_\_\_\_\_

\_\_\_\_\_  
Guidance Counselor Signature

\_\_\_\_\_  
Date

Please mail complete package to:  
**JO Gives**  
**c/o Janice Overbeck Real Estate Team**  
**2249 Roswell Road**  
**Marietta, GA 30062**

**For Business/Education Partnership Scholarship use only:**

### Checklist

\_\_\_ Application and Statement of Accuracy  
\_\_\_ Minimum of 2 letters of recommendation

\_\_\_ Essay or Video  
\_\_\_ Guidance Counselor signature