**The Jamaican /American Association of Central Florida Scholarship: Offer 2022**

**The Jamaican/American Association of Central Florida is offering scholarships of various amounts, or resources, to students who fit the criteria below.**

**What is required to be considered for this scholarship?**

To be eligible, a candidate must:

□ complete and submit the following application form by July 1, 2022.

□ be able to prove your Jamaican heritage, and your community service.

□ be between the ages of 16 to 24 years by July 1, 2021.

□ be accepted by, or already a degree-seeking student in an accredited college.

□ have a grade-point average of at least 3.25 (unweighted).

□ submit a one-page, double-spaced, typed explanation of how your Jamaican heritage has helped (or will help) you become successful in serving the community.

* Your essay should be professionally typed and attached, as it will be published in our annual journal; and may be edited for spacing purposes, as necessary.
* You may legibly handwrite your essay if you do not have access to a computer.

□ submit a professional graduation or school picture that will also be uploaded into our journal.

Documentary Proof:

□ Jamaican heritage and age can be documented with a birth certificate or another document that can prove a Jamaican relationship.

□ Grade-Point Average and a letter of acceptance to college. If you are already pursuing a college major, please send a copy of your transcript.

**Please do not send original documents – submit copies only to:**

The Jamaican American Association of Central Florida

Scholarship Committee P.O. Box 680355

Orlando, FL 32868

For Questions: tjmother@cfl.rr.com

**SCHOLARSHIP APPLICATION FORM: OFFER 2022**

First and Last Name:

Address: \_

City, State, Zip Code:

Parish

/ Country

:

Email

Address:

Telephone Number: \_

Date of Birth: Age:

Grade-Point Average: College:  **\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Major:

(If you are a high school student, state the college that offered you acceptance)

High-School Attending:

College

Offer

/

Acceptance

:

Your Place of Birth:

Mother’s Name:

Mother’s Place of Birth:

Father’s Name:

Father’s Place of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

In the space below describe your community service experiences (within the last two years) from which you benefited. Have a supervisory person associated with the organization for which you performed the services, sign below your description to verify your service.

**Description of Community Service:**

|  |
| --- |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 Print Name & Position of Supervisor Signature of Supervisor



Supervisor’s Email: \_ ­­ Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please sign below to certify that the information you submit is true.

# Your Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_