



The Jamaican/American Association of Central Florida

The Jamaican /American Association of Central Florida Scholarship: Offer 2026

The Jamaican/American Association of Central Florida is offering scholarships of various amounts to students completing at least a two-year degree and 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 June 15, 2026.
- ☐ be able to prove your Jamaican heritage, and your community service.
- ☐ be between the ages of 16 to 24 years by June 15, 2026.
- ☐ be accepted by, or already a degree-seeking student in an accredited college/university.
- ☐ 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. Your essay 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

OR

Submit electronically to:

jaaocfscholarships@gmail.com OR info.jaaocfl@gmail.com

For Questions: bdawk1111@gmail.com

P.O. Box 680355, Orlando, FL 32868 – 407-292-3719 / JAAOCF.COM



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SCHOLARSHIP APPLICATION FORM: OFFER 2025

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: _____

Other Jamaican Heritage: _____

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In the space below describe your community service experiences (within the last two years) from which you benefited. Having 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: _____

By signing above you also acknowledge awareness that **you MUST** collect your scholarship funds by November of the award year.

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