



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, (16-30 for two-year college applicant) 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, (3.0 for two-year college applicant) 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.
- 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

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



The Jamaican/American Association of Central Florida

Please submit application electronically to:

jaaocfscholarships@gmail.com

SCHOLARSHIP APPLICATION FORM: OFFER 2026

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: _____



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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 2026.