

The Jamaican/American Association of Central Florida

The Jamaican /American Association of Central Florida Scholarship: Offer 2025

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:

- \Box complete and submit the following application form by June 15, 2025.
- \Box be able to prove your Jamaican heritage, and your community service.
- \Box be between the ages of 16 to 24 years by June 15, 2025.
- □ be accepted by, or already a degree-seeking student in an accredited college/university.
- \Box 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.
- \square 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: <u>bdawk1111@gmail.com</u>

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. 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:
lease sign below to certify that the informat	tion you submit is true.
	-
/our Signature:	
	T collect your scholarship funds by November of the award year.
signing above you also acknowledge awareness that you MUS	T collect your scholarship funds by November of the award year.

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Page