

**JAMAICAN/AMERICAN ASSOCIATION of CENTRAL FLORIDA**

**GEOFFREY BROWN SCHOLARSHIP APPLICATION FORM (male applicant only)**

**OFFER 2020**

Please fill out and mail to: The Scholarship Committee, The Jamaican /American Association,  
P.O. Box 680355, Orlando Fl. 32868 by May 30, 2020.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Email Address \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Age: \_\_\_\_\_ Grade Point Average: \_\_\_\_\_ Male: Yes \_\_\_\_\_ No \_\_\_\_\_  
Please circle yes or no

College Major \_\_\_\_\_

High School or College Now Attending: \_\_\_\_\_

Career Goal: \_\_\_\_\_

If you are a high school student, state the college that offered you acceptance.  
-  
\_\_\_\_\_

Your Place of Birth: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Mother's Place of Birth \_\_\_\_\_

Father's Name: \_\_\_\_\_

