

JAMAICAN/AMERICAN ASSOCIATION of CENTRAL FLORIDA

SCHOLARSHIP APPLICATION FORM

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: _____ College Major _____

High School or College Now Attending: _____

Career Goal: _____

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

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Your Place of Birth: _____

Mother's Name: _____

Mother's Place of Birth _____

Father's Name: _____

Father's Place of Birth: _____

