



# Caribbean-American For Community Involvement in Florida Inc.

## College Student Assistance Application - 2020

Name: \_\_\_\_\_ Your Phone: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name of Parent/Guardian: \_\_\_\_\_ Parent's Phone: \_\_\_\_\_

Current High School: \_\_\_\_\_

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

Graduation Date (Month/Year): \_\_\_\_\_ / \_\_\_\_\_ Community Service Hours: \_\_\_\_\_

GPA (unweighted) : \_\_\_\_\_ Counselor's Name/Phone #: \_\_\_\_\_

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

**Name of Accredited University/College to which you have been accepted and plan to attend:**

City: \_\_\_\_\_ Start Date: \_\_\_\_\_

**Instructions:** You must complete the entire application, sign each page, get the required signatures on the last page of the application and submit the following with this application:

1. **Two (2)** letters of recommendation from teachers **or** one from a teacher **and** one from a guidance counselor.
2. An **official unopened sealed transcript** of your current academic record from your High School. Your transcript should reflect your Cumulative GPA of **3.0 or higher** for seven semesters.
3. A short essay, **200-300 words, typed on standard 8 ½" x 11" paper**, including the following:
  - a. Why you desire a career in the field you have chosen and why you feel you will be successful;
  - b. Your demonstrated interest in and association with Caribbean culture and affairs;
  - c. Your interest and involvement in community and school activities; and
  - d. Evidence of financial need.
4. Provide **acceptance letter** from an accredited college/university (**this must accompany application**).
5. If you are selected, you will be required to submit a photograph (example-senior picture) and a bio, both of which will be published in our annual Friendship Ball Souvenir Program. Photos and your image will be used in media and print advertising. Photographs will remain the property of CAFCI.

### Eligibility Requirements:

Applicant must:

1. Be a resident of Palm Beach County, Florida.
2. Currently attend high school in Palm Beach County, expected to graduate in May 2020.
3. Demonstrate an interest in Caribbean-American affairs.
4. **Provide this completed and signed application POSTMARKED no later than FEBRUARY 28, 2020.**
5. Be available for an interview – Date and Time to be determined.
6. Attend Awards Ceremony, if selected, on **MAY 2, 2020** at 6:00 P.M.

Recipients will be notified by telephone.

Recipients unable to attend award ceremony will receive the award **in person** at CAFCI's board or general meeting. The information presented must pertain only to your high school years (9<sup>th</sup> through 12<sup>th</sup> grades) Please do not include copies of newspaper clippings, certificates, etc.

**APPLICANT'S SIGNATURE** \_\_\_\_\_ **Date** \_\_\_\_\_

**Mail/Return Application to:**  
**CAFCI**  
**Attn: Student Education Assistance**  
**Committee**  
**675 Royal Palm Beach Blvd.,**  
**Suite 134**  
**Royal Palm Beach, FL 33411**  
**Phone 561-790-4002**  
**Applications also available online at**  
**[www.cafcipbc.org](http://www.cafcipbc.org) and**  
**[www.palmbeachschools.org](http://www.palmbeachschools.org)**



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### **SCHOLASTIC INFORMATION**

#### **HONORS AND AWARDS** *(State year and nature of honors or awards)*

<b>YEAR</b>	<b>NATURE OF HONORS AND/OR AWARDS</b>

#### **SCHOOL ORGANIZATION(S) OF WHICH YOU WERE A MEMBER** *(State name of organization and year(s) of membership)*

<b>ORGANIZATION</b>	<b>YEAR(S) OF MEMBERSHIP</b>

#### **SCHOOL LEADERSHIP** *(State name of organization, office(s) held and number of years)*

<b>ORGANIZATION</b>	<b>OFFICE(S) HELD</b>	<b>YEAR(S) HELD</b>

**APPLICANT'S SIGNATURE** \_\_\_\_\_

**Date** \_\_\_\_\_



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### **EXTRA CURRICULAR ACTIVITIES**

#### **HONORS AND AWARDS** *(State year and nature of awards or honors)*

<b>YEAR</b>	<b>NATURE OF HONORS AND/OR AWARDS</b>

#### **OFFICES AND POSITIONS OF LEADERSHIP** *(State name of organization(s), position held and year(s))*

<b>ORGANIZATION</b>	<b>POSITION(S) HELD</b>	<b>YEAR(S) HELD</b>

#### **CIVIC ACTIVITIES AND/OR VOLUNTEER WORK** *(List organization(s) and your participation)*

<b>ORGANIZATION</b>	<b>PARTICIPATION</b>

#### **WORK EXPERIENCE** *(List place/s of employment, position held, period of employment, and average time employed each week)*

<b>PLACE OF EMPLOYMENT</b>	<b>POSITION HELD</b>	<b>PERIOD OF EMPLOYMENT</b>	<b>AVG HRS / WEEK</b>

*I attest that the information presented in this application is true to the best of my knowledge.*

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Guidance Counselor Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Principal Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_