



Caribbean-American For Community Involvement in Florida Inc. College Student Assistance Application

Name: _____ Phone: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Date of Birth: _____ Social Security #: _____

Name of Parent/Guardian: _____ Phone: _____

High School Currently Attending:

Address: _____

Graduation Date (Month/Year): _____ / _____ 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 submit the following with this application:

1. Two letters of recommendation from either teachers or guidance counselor
2. An official transcript of your current academic record. Your transcript should reflect your cumulative GPA for seven semesters. A score of 3.0 or above is required.
3. A short essay with a minimum of 150 words and in three parts explaining:
 - a. Why you want 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.Essays should be typed on standard 8 ½ x 11 sized paper.
4. If you are selected you will be required to submit a photograph (e.g. senior picture) and a bio which will be published in our Annual Friendship Ball Souvenir Program. 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, and is expecting to graduate within one year
3. Demonstrate an interest in Caribbean-American affairs.
4. Provide a completed application postmarked no later than April 1, 2011.
5. Be available for an Interview on April 23, 2011.
6. Be able to attend a Presentation of Awards Ceremony on May 14, 2011 at 7:00 p.m. if selected.

Recipients will be notified by telephone.

**Mail/Return Application to:
CAFCI
Attn: Student Education Assistance
Committee
1030 Royal Palm Beach Blvd,
Box 11
Royal Palm Beach, FL 33411
Phone 561-790-4002
Applications also available online at
Website: www.cafcipbc.org**

The information presented must pertain only to your high school years (9th. through 12th. grades)
Please do not include copies of newspaper clippings, certificates, etc.

Signature of applicant



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College Student Assistance Application

SCHOLASTIC INFORMATION

HONORS AND AWARDS

(State year and nature of honors or awards)

SCHOOL ORGANIZATIONS OF WHICH YOU WERE A MEMBER

(State name of organization and year(s) of membership)

SCHOOL LEADERSHIP

(State name of organization, office(s) held and number of years)

Signature of applicant



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EXTRA CURRICULAR ACTIVITIES

HONORS AND AWARDS

(State year and nature of awards or honors.)

OFFICES AND POSITIONS OF LEADERSHIP

(State name of organization, position and year(s).)

CIVIC ACTIVITIES AND/OR VOLUNTEER WORK

(List organization and your participation)

WORK EXPERIENCE

(List positions, period of employment, places of employment and average time employed each week)

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

Applicant's Signature: _____ **Date:** _____

Guidance Counselor's Signature: _____ **Date:** _____

Principal's Signature: _____ **Date:** _____

Parent(s) Signature: _____ **Date:** _____