



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 Now 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 academic record to date. 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.Applications 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 be:

1. A resident of Palm Beach County, Florida
2. Attending High School in Palm Beach county, and is expected to graduate within one year
3. One who has demonstrated an interest in Caribbean-American affairs.
4. Provide a completed Application postmarked no later than March 25, 2010.
5. Applicant must be available for an Interview on April 10, 2010.
6. Presentation of Awards will be made on May 1, 2010 at 7:00 p.m. Award recipient must be present to receive award.

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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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.

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

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

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

Signature of applicant