



# Caribbean-American For Community Involvement in Florida, Inc.

## College Student Assistance Application - 2025

### APPLICATION MUST BE TYPED or WRITTEN LEGIBLY

Applicant Name:	Applicant Phone:	
Street Address:		
City:	State:	Zip:
Email Address:	Date of Birth:	
Name of Parent/Guardian:	Parent's Phone:	
Current High School:		
School Address:		
Graduation Date (Month/Year):    /	GPA (unweighted):	Community Service Hours:
Counselor's Name:	Counselor's Phone:	
Professional Career Goal:		
<b>Name of Accredited University/College to which you have been accepted and plan to attend:</b>		
City:	Start Date:	

### **Instructions:**

You must complete the entire application **TYPED OR WRITTEN LEGIBLY**, sign each page, get the required signatures on the last page of the application and submit the following **required information** with this application:

1. **Two (2)** letters of recommendation or one from a teacher **and** one from a guidance counselor **on the school's letterhead or stationery**.
2. An **official unopened sealed transcript** of your current academic record from your high school. Your transcript should reflect your Cumulative GPA of **2.7 or higher** for seven semesters.
3. A short essay, **200-300 words, typed on standard 8 ½" x 11" paper**. The essay **MUST** include 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. **Acceptance letter** from an accredited college/university, **on the college/university's letterhead or stationery (this must accompany application)**.
5. If you are selected, you will be required to submit a photograph (example-senior picture), a "thank you" video and a bio. Both the photograph and the bio will be published in our annual Friendship Ball Souvenir Program and CAFCI's website. Photos and video will be used in media and print advertising and 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 2025.
3. Demonstrate an interest in Caribbean-American affairs.
4. **Provide this completed and signed application POSTMARKED no later than FRIDAY, FEBRUARY 28, 2025.**
5. Be available for an interview – Date and time to be determined.
6. Attend Awards Ceremony, if selected. Date and time to be determined.

Recipients will be notified by telephone and email.

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.

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

<b>APPLICANT SIGNATURE:</b>	<b>DATE</b>
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### SCHOLASTIC INFORMATION

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

YEAR	NATURE OF HONORS AND/OR AWARDS

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

ORGANIZATION	YEAR(S) OF MEMBERSHIP

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

ORGANIZATION	OFFICE(S) HELD	YEAR(S) HELD

<b>APPLICANT SIGNATURE</b>	<b>DATE</b>
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**EXTRA CURRICULAR ACTIVITIES**

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

YEAR	NATURE OF HONORS AND/OR AWARDS

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

ORGANIZATION	POSITION(S) HELD	YEAR(S) HELD

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

ORGANIZATION	PARTICIPATION

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

PLACE OF EMPLOYMENT	POSITION HELD	PERIOD OF EMPLOYMENT	AVG HRS / WEEK

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

<b>APPLICANT SIGNATURE :</b>	<b>DATE</b>
<b>GUIDANCE COUNSELOR SIGNATURE:</b>	<b>DATE</b>
<b>PRINCIPAL SIGNATURE:</b>	<b>DATE</b>
<b>PARENT SIGNATURE:</b>	<b>DATE</b>