

Coalition for Barbados Association Scholarship Application Form

(Please print or type)

This scholarship is available to residents of Orange, Osceola, Seminole and Lake County who are descendants of Barbadian parents. Proof of Barbadian descent must be submitted with application. Scholarship is for a minimum of one year. Recipient must be a high school graduate and must submit reasons for requesting scholarship along with a brief essay about your educational goals. Recipient must be attending an institution of higher education within the state of Florida. This scholarship is available yearly not to exceed \$500 each student. As a condition of the scholarship, **ALL funds will be paid directly to the educational institution stated above.** Application deadline is the second Monday in April and must include application, essay and three personal references. You can also request an application by writing to:

The Coalition for the Barbados Association of Central Florida Scholarship Committee
2307 Boggy Creek Road, Suite 24
Kissimmee, FL 34744
Eligibility

Applicant must meet the following eligibility criteria:

- ☐ Must enroll in a minimum of six credit hours in each term funded by this scholarship.
- ☐ Minimum grade point average of 2.5 (copy of transcript must be provided at time of application)
- ☐ Contributions to college and community activities will be considered but not required.
- ☐ Must be of Barbadian descent.

Application Deadline

Applications are due by the second Monday in April. Recipients will be notified by June 1.

Selection

The scholarship will be awarded according to the eligibility of candidates and quality of the application and essay.

- ☐ Each scholarship awarded will be in the amount of \$500 (\$250 in the Fall Term and \$250 in the Spring Term).
- ☐ Funds may be used for any eligible educational expense.
- ☐ Scholarships are awarded for one year.
- ☐ Recipients are not eligible to re-apply for the Scholarship.

Application Checklist

- ☐ Typed or word-processed applications preferred.
- ☐ Three letters of recommendation required. One must be from an educator.
- ☐ Your signature
- ☐ An official transcript. **(Unofficial of opened)**

Please return your completed application to:

The Coalition for the Barbados Association of Central Florida Scholarship Committee
2307 Boggy Creek Road, Suite 24
Kissimmee, FL 34744

Please note: Late or incomplete applications will not be considered

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Last Name First Name MI

Date of Birth Student's Social Security Number

Permanent Address (Street, City, State, Zip) Phone number

Current or Local Address Phone Number

Father: _____ Mother: _____
Name Name

Address (Street) Address (Street)

City, State, Zip City, State, Zip

U.S. Citizen? ____ Yes ____ No ____ Visa

If Visa, give type and number _____

Resident of what state? _____

Ethnic Origin (Optional)

- | | |
|---|---|
| <input type="checkbox"/> American Indian | <input type="checkbox"/> Asian/Pacific Islander |
| <input type="checkbox"/> African American | <input type="checkbox"/> Spanish Surname/Hispanic |
| <input type="checkbox"/> Caucasian | <input type="checkbox"/> Other _____ |

High School Attended _____ Date of Graduation _____

List honors and leadership positions

Describe your community (e.g. church, civic, club) and school activities or volunteer involvement

Explain your educational and career goals

Are you currently enrolled in a college or university? ☐ Yes ☐ No

If yes, what college or university do you attend? _____

What program are you enrolled in?

What quarter and year did you begin your program?

Planned graduation date: _____ Grade point average: _____

Previous colleges/universities attended:

School	Degree/Area of Study	Dates Attended

Past and present employment:

Position	Employer	Hrs/Week	Dates Employed

The Scholarship Committee gives careful consideration to the financial needs of applicants, as well as academic achievement. Explain why you should be considered for this scholarship.

How much money do you need for tuition and supplies for the coming year?

What other financial resources do you have?

Why do you need financial assistance?

List all amounts and types of financial aid or scholarships received
(grants, work study, loans, scholarships).

Aid Received	Amount	Date Received

How will you continue your education if you do not get a scholarship?

I certify that the information in this application is correct to the best of my knowledge, and in the event I am awarded a scholarship, all funds will be used to further my education.

Date _____ Signature _____