

## **The Coalition for the Barbados Association of Central Florida Scholarship**

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. 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.

# The Coalition for the Barbados Association of Central Florida Scholarship Application

## 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)**

Name: \_\_\_\_\_ SSN#: \_\_\_\_\_

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

Telephone: \_\_\_\_\_ Program of Study: \_\_\_\_\_

GPA: \_\_\_\_\_ Email Address: \_\_\_\_\_

*Please explain how this scholarship will benefit you: (minimum 250 words) – attach separate sheet as necessary.*

*Tell us about your community involvement within the past year. Include any positions held, awards received, volunteer activities and hours per week you spend participating in these activities.- Attach separate sheet as necessary.*

I attest that to the best of my knowledge all information submitted is true. I will enroll in a minimum of six credit hours at an institution of higher education within Florida during the term for which this award is made.

Signature \_\_\_\_\_ Date \_\_\_\_\_

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**  
[www.cfbajans.com](http://www.cfbajans.com)