



Caribbean-American For Community Involvement in Florida, Inc.

College Student Assistance Application - 2024

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:		
Name of Accredited University/College to which you have been accepted and plan to attend:		
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 from your teachers 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 2024.
3. Demonstrate an interest in Caribbean-American affairs.
4. **Provide this completed and signed application POSTMARKED no later than FRIDAY, MARCH 1, 2024**
Be available for an interview – Date and time to be determined.
5. Attend Awards Ceremony, if selected. Date and time to be determined.

Recipients will be notified by telephone and email.

Recipients unable to attend award ceremony will receive the award **in person** at CAFCI's board or general meeting.

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.

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 and
www.palmbeachschools.org

APPLICANT SIGNATURE	DATE
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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

APPLICANT SIGNATURE	DATE
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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.

APPLICANT SIGNATURE:	DATE
GUIDANCE COUNSELOR SIGNATURE:	DATE
PRINCIPAL SIGNATURE:	DATE
PARENT SIGNATURE:	DATE