

DEADLINE: MARCH 15, 2024



CAALC2004@GMAIL.COM



352-978-0813



614 E. HWY 50 #251
CLERMONT, FL34711



www.caalc-fl.org

NOTE: Please submit your completed application packet to the Association's email address, caalc2004@gmail.com, or return to your guidance counselor **before March 15, 2024.**

For questions/comments:

Andrea Wright

Adw6556@gmail.com

Chairperson/Educ Committee

CARIBBEAN-AMERICAN ASSOCIATION OF LAKE COUNTY SCHOLARSHIP CRITERIA

1. The Caribbean-American Association of Lake County (CAALC) is pleased to announce its \$1,000 scholarship, which may be used at any accredited vocational-technical school, community college, four-year college, or university.
2. To be eligible for this scholarship, applicants must be seniors at LMHS, ERHS, SLHS, LHS, and THS who will graduate in the year in which the scholarship is awarded. Virtual/ Hybrid students linked with these schools are eligible. The following 3 private schools are also eligible: Liberty Christian Prep in Leesburg; Real Life Academy in Clermont and Hope Academy in Groveland.
3. A minimum GPA of 3.0
4. All applicants must be of Caribbean heritage and will need to specify their connection to the Caribbean.
5. The scholarship is awarded based on academic record, involvement in community or extracurricular activities, and good character.
6. The scholarship funds will be forwarded directly to the institution of learning selected by the recipient.
7. Applicants must submit a complete application packet, which must include:
 - A fully completed application form.
 - A statement/essay detailing the applicant's education and career plans and explaining how the scholarship will help in achieving your goals.
 - 2 References (teacher, guidance counselor, coach, pastor, or employer/supervisor)
8. The Winner/s must agree to submit a head/shoulder picture that will be uploaded onto our website.

CARIBBEAN AMERICAN ASSOCIATION OF LAKE COUNTY
SCHOLARSHIP APPLICATION FORM: OFFER 2024

High School Attending: _____

Applicant's name _____

Telephone number _____

Email Address _____

Address _____

City, State, Zip Code _____

Date of Birth, _____

Gender _____

WHAT IS YOUR CONNECTION TO CARIBBEAN HERITAGE & WHERE:

(Parent or Grandparent, _____

WILL YOU BE ATTENDING: 4YR UNIVERSITY _____ 2 YR COLLEGE ___ TECH COLLEGE ___

LIST SCHOOLS APPLIED OR ACCEPTED: _____

WHAT IS YOUR GPA _____

(Minimum of 3.0)

Applicant's Signature/date

I hereby certify that the information given in this application is accurate and complete to the best of my knowledge.

To comply with the provisions of the Family Educational Rights and Privacy Act of 1974. LMHS, ERHS, SLHS, THS, and LHS must obtain signed authorization before it can release information for use in scholarship programs.

By signing above, you are giving officials permission to release secondary school records and any other requested information for consideration in scholarship decisions.

By signing above, you grant permission to CAALC to use your image in any promotional materials that the Association may utilize to publicize the scholarship program and the Association.

