DEADLINE: MARCH 20, 2026

CAALC2004@GMAIL.COM

352-978-0813

614 E. HWY 50 #251
CLERMONT, FL34711

www.caalc-fl.org

NOTE: Please submit your completed application packet via the CAALC website www.caalc-fl.org or via email to caalc2004@gmail.com before March 20, 2026.

For questions/comments:

email Anne Winston

Chairperson/Education Committee

Caalc2004@gmail.com

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 Lake Minneola High, East Ridge High, South Lake High, Leesburg High, Taveres High, Real Life Chrisitan Academy and Hope Academy who will be graduating in the year in which the scholarship is awarded.
    - Virtual/ Hybrid students linked to these schools are eligible.
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 photo that will be uploaded onto our website.

CARIBBEAN AMERICAN ASSOCIATION OF LAKE COUNTY
SCHOLARSHIP APPLICATION FORM: OFFER 2026

High School Attending: _____

Applicant's name _____

Telephone number _____

Email Address _____

Home Address _____

City, State, Zip Code _____

Date of Birth, _____

Gender _____

WHO IN YOUR FAMILY IS FROM THE CARIBBEAN? (Parent or Grandparent,)

[_____

WHCH CARRIBEAN COUNTRY ARE YOUR AFFILIATIED WITH? _____

WILL YOU BE ATTENDING(check one): 4YR UNIVERSITY ☐ 2 YR COLLEGE ☐ TECH COLLEGE ☐

LIST SCHOOLS APPLIED OR ACCEPTED: _____

_____

WHAT IS YOUR GPA _____ **(*Minimum of 3.0 required}***

_____

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.

CARIBBEAN AMERICAN ASSOCIATION OF LAKE COUNTY
APPLICANT'S STATEMENT/ESSAY

Applicant's Name: _____

Please use this page to submit a statement/essaytyped or legible writing in **Black or Blue INK** of no more than 500 words in which you describe your personal and family background, your education/career goals, and how this scholarship will help you attain your education/career goals. List any extracurricular activities, community or volunteer involvement, honors or awards and clubs affiliated with.
You may wish to include any circumstances, experiences, or factors you believe warrant special attention, including unusual personal, family, or financial circumstances or challenges.
If you need more space to complete your statement, please use and attach an additional page.

CARIBBEAN AMERICAN ASSOCIATION OF LAKE COUNTY
REFERENCE FORM 1

Name of Applicant:_____

Name of High School _____

Name of Reference:_____

Title _____

Email address/Tel:_____

How long have you known applicant?_____

The applicant whose name appears above has applied for the Caribbean American Association of Lake County (CAALC) Scholarship. The Scholarship Selection Committee would appreciate your answering the following question below.

Why do you believe this student should be considered for the CAALC Scholarship?

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CARIBBEAN AMERICAN ASSOCIATION OF LAKE COUNTY
REFERENCE FORM 2

Name of Applicant:_____

Name of High School: _____

Name of Reference:_____

Title: _____

Email address/ Telephone No.:_____

How long have you known applicant? _____

The applicant whose name appears above has applied for the Caribbean American Association of Lake County (CAALC) Scholarship. The Scholarship Selection Committee would appreciate your answering the following question below:

Why do you believe this student should be considered for the CAALC Scholarship?

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