

THE ATLANTA JAMAICAN ASSOCIATION, INC.

P.O BOX 2207 | LITHONIA, GA 30058 PHONE: (404) 436-1427 President@atlantajamaicanassociation.org | www.atlantajamaicanassociation.org

Officers	February 9, 2019			
President William Gray	Dear Sir/Madam:			
Vice President Aj Stone	We are requesting your assistance in distributing the enclosed information inviting students to apply for scholarships which are offered by The Atlanta Jamaican Association, Inc. (AJA).			
Treasurer Joy-Marie Boothe	AJA is a non-profit Organization that was founded in 1977 to promote friendship, unity, and understanding between the peoples of Jamaica and the United States. As			
Assistant Treasurer	part of this effort, a scholarship program was established to assist college-bound high school students of Jamaican ancestry in their educational pursuits.			
Secretary				
Ann-Marie Rose	Candidates are required to submit an application as well as a Curriculum Vitae			
Assistant Secretary Dihema Longman	(Resume) to qualify for the scholarship. Subsequently, members of the AJA Education Committee will conduct a face-to-face interview with students in the United States who were shortlisted per their application and CV on Saturday, May 18, 2019. Involvement in school and community activities, academic ability, and financial need will be additional factors in the selection of the recipients. The applicants will be asked to write a one-page response on an assigned topic on the day of the interview. The committee will notify successful candidates by the end of May 2019. The formal presentation will take place at the Annual Jamaica			
Parliamentarian Peter James				
Trustees				
Errol Ritchie Dr. Maxine Foster	Independence Ball in Atlanta on Saturday, August 10, 2019.			
	The attached application form and agreement, transcript, and Curriculum Vitae should be mailed (postmarked) no later than April 26, 2019 to the following			

Scholarship Committee The Atlanta Jamaican Association, Inc. P.O. Box 2207 Lithonia, GA 30058

Thanks for your support in this endeavor.

Sincerely,

address:

Allo

Althea Fatuga, M.Ed., CCRP Chair, Education Committee Email: <u>ed@atlantajamaicanassociation.org</u>



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THE ATLANTA JAMAICAN ASSOCIATION, Inc. SCHOLARSHIP APPLICATION FORM

Name						
Address						
City	State	Zip Code	Phone			
Email address		Birthplace		Age		
Mother's Name		Mother's Birt	hplace			
Father's Name	Father's Birthplace					
High School		University/College				
Date of Admission	Planne	d Course of Study				
Additional information:						
Extra –curricular Activities	5:					
Office held or special responsibilities:						
Scholarships, distinctions and /or honors:						
Community activities:						
Personal and career goals:						
Use additional paper to write at least one paragraph stating why you <u>need</u> this scholarship.						



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THE ATLANTA JAMAICAN ASSOCIATION, Inc. SCHOLARSHIP AWARD General Information for Applicants

ELIGIBILITY REQUIREMENTS

Applicants must satisfy all requirements below:

- (1) An "incoming first year student" AND be Jamaican OR of Jamaican parentage
 - At least one parent/guardian must be of Jamaican parentage must be Jamaican.
 - Jamaican first year students can either be accepted to attend college or university in Jamaica or in the USA on a visa.
- (2) Hold a minimum of 3.5 Grade Point Average or equivalent.
- (3) Provide proof of college acceptance.
- (4) Each scholarship applicant must submit completed Application Form, signed Agreement, copy of Transcript, curriculum vitae, and selfaddressed envelope by the deadline.

DEADLINE All material should be returned to the Scholarship Committee, **postmarked no later than** April **26, 2019**. Submissions must be mailed First Class in a <u>9 X 12 envelope</u> to:

> Scholarship Committee The Atlanta Jamaican Association, Inc. PO Box 2207 Lithonia, GA 30058

If there are any questions the number to call is (404) 436-1427



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THE ATLANTA JAMAICAN ASSOCIATION, Inc. AWARD AGREEMENT

In applying for this scholarship, I agree to abide by the rules, regulations, practices, and policies of The Atlanta Jamaican Association, Inc. that govern this award. I also agree to serve as a Youth Ambassador for the AJA for a minimum of 1 year. In this capacity, I will help the AJA further their cause by including young people and helping with social media outreach.

I further agree to accept the decision of the judges as final.

I agree that all funds received from the Association will be used for educational purposes.

I authorize The Atlanta Jamaican Association, Inc. to verify any or all of the information supplied with this application.

Print Name

Signature

_Date____



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Students should not apply unless they meet the requirements listed. All information supplied will be treated as strictly confidential and will be used solely for this scholarship. All material provided about this award will become the property of The Atlanta Jamaican Association, Inc. The Association reserves the right to publish or dispose of such material in the manner it chooses. The Atlanta Jamaican Association, Inc. reserves the right to revise the rules for the scholarship if the Association finds it necessary.