



## JAMAICA UNITED RELIEF ASSOCIATION, INC.

### Scholarship Application

Please type or print your answers clearly. If application is illegible it will be returned.

Name of Scholarship: \_\_\_\_\_

1 Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

2 Email address: \_\_\_\_\_

3 Mailing Address: \_\_\_\_\_

Street: \_\_\_\_\_

City: State: ZIP: \_\_\_\_\_

4 Daytime Telephone Number: \_\_\_\_\_

5 Date of Birth:(Month/ Day/ Year): \_\_\_\_\_

6 I certify that I am a United States Citizen or a permanent resident of the United States of America (Circle one):

YES NO Country of Citizenship: \_\_\_\_\_

7 Current school I am enrolled in\*: \_\_\_\_\_ Current Year (circle one)  
Junior Senior

8 I will be attending the following school in the Fall of: 20 \_\_\_\_\_

Proof of acceptance or current student enrollment from the above school may be **required prior to receipt of funds.**

9 Grade Point Average (GPA): \_\_\_\_\_ (On a 4.0 scale)

Attach proof of GPA. Your most recent unofficial or official transcript is required.

10 Name & address of parent(s) or legal guardian(s): Use reverse side of application if you need more space.

Name(s) : \_\_\_\_\_

Street: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Home phone of parents or legal guardians: \_\_\_\_\_

11 What is your major/degree? \_\_\_\_\_

12 List other financial assistance you will receive per semester or quarter:

A. Personal: Amount: \$ \_\_\_\_\_

B. Other Scholarship(s): Amount: \$ \_\_\_\_\_

(Describe below under comments)

C. Student Loan(s): Amount: \$ \_\_\_\_\_

D. Other Financial Resources: Amount: \$ \_\_\_\_\_

Community Service Attestation/Organization: \_\_\_\_\_ # of hrs : \_\_\_\_\_

To help the less fortunate in the areas of health, education and social services here in South Florida, Jamaica and the rest of the Caribbean.

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