



TTAC

12397 South Orange Blossom Trail
Suite 122

Orlando, FL 32837

Email: ttacfl@ttacfl.org

Website: www.ttacfl.org

TTAC Educational Scholarship Criteria

1. Official Transcript—GPA 3.00 and above.
2. Letter of recommendation from one teacher on school letterhead and signed.
3. Letter of recommendation from a person in the community on their letterhead and signed e.g. Pastor, Coach, Manager, etc.
4. Official Letter of acceptance from the College or Institution that the Student will be attending.
5. A signed and **NOTARIZED** letter of commitment to **TTAC** for reimbursement of the funds if their child does not attend the Institution of their acceptance for the year.
6. A 400 – 500 word essay, about the person who made an impact in your life and inspired you to pursue your (a) career goals and expectations; and (b) why you deserve this scholarship.
7. Applicants with the highest GPA and inspiring Essays may be chosen for a final interview by the selection committee.

DEADLINE FOR APPLICATIONS IS ON **MAY 15th, 2018**

SECTION 1 – PERSONAL INFORMATION

Name:	Permanent address:
Home Phone:	Cell Phone:
Email Address:	

SECTION 2 – ACADEMIC INFORMATION

NAME OF HIGH SCHOOL: _____

CITY: _____ STATE: _____ YEAR GRADUATED: _____

GPA: _____ SAT SCORE: _____ ACT SCORE: _____

Major/ or Intended Major: _____

Full Time _____

Part Time _____

SECTION 3 – ACTIVITIES AND INTERESTS

A. List and briefly describe your high school extracurricular activities (e.g. memberships in organizations, sports, etc.):

Organization Involved	Position Held	Date of Involvement

D. LIST AND BRIEFLY DESCRIBE ANY WORK EXPERIENCE:

Position	Employer	Dates of Employment

Applicant Signature: _____

Parent Signature: _____

Date: _____

E: Parent's reimbursement letter, **MUST** be **NOTARIZED**:

Date:

Dear Sir/Madam:

I _____ the undersigned do
certify that my ___son/___daughter _____ is
an applicant for The TrinBago Association of Central Florida Scholarship
award. In the event that my ___son/___daughter does not attend their
designated school in the first year, I hereby acknowledge and take
responsibility for the reimbursement of the scholarship funds to **TTAC**.

Respectfully Yours,

Parent's Signature

Dear Applicant:

The TrinBago Association of Central Florida (**TTAC**), would like to thank all graduating high school students for applying.

As a recommendation, each recipient is asked to consider contributing to **TTAC** in whatever way he/she can. For example, volunteering can be done at any **TTAC** event; helping with Internet/web activities, or in any other capacity.

All completed applications, must be forwarded to the following address. Upon receipt a member from the Education Scholarship Committee will contact you to schedule an appointment, if needed.

ATTN: EDUCATION SCHOLARSHIP COMMITTEE
THE TRINBAGO ASSOCIATION OF CENTRAL FLORIDA, INC
12397 SOUTH ORANGE BLOSSOM TRAIL, SUITE 122
ORLANDO, FL 32837

If you have any questions or concerns, please feel free to call Glendore Ulerie (321)442-3854, Emerald Collins 917-509-4901 or Kelvin Halls (407) 545-1758.

Thank you again for your time and effort. Good luck in all future endeavors.