



# TTAC

12397 South Orange Blossom Trail,  
Suite 122

Orlando, FL 32837

Email: [ttacfl@ttacfl.org](mailto:ttacfl@ttacfl.org)

Website: [www.ttacfl.org](http://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. Completed applications **MUST BE RECEIVED BY THE COMMITTEE** (in hand, hard copies) by deadline date of **MAY 26th, 2020**.
8. 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 26th, 2020**

### 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


B. List and briefly describe volunteer activities in which you have been involved (75 hours or more requirements):

Organization and hours	Activity	Date of Involvement

C. LIST HONORS OR ACADEMIC AWARDS YOU HAVE RECEIVED (E.G. SCHOLARLY ACTIVITIES, RESEARCH, ETC.):

Award/Honor	Institution/Organization	Date

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 the following members:

Glendore Ulerie: 321-442-3854

Emerald Collins: 917-509-4901

Ann Porter: 301- 367-3544

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