



Jamaica Youth Education Support

Dallas 501(c)(3) nonprofit since 2004

THE RUTH GRAHAM MEMORIAL SCHOLARSHIP APPLICATION FORM

Eligibility Requirements

- Students eligible for this scholarship must be new high school students with strong academic performance who **demonstrate financial need** to offset their educational costs. They must also meet the following eligibility criteria:
 - Be a grade 6 student of the Tulloch Primary School, or the Linstead Primary and Junior High School.
 - Be between the ages of 10 and 13 years old at the time of the application.
 - Be resident in a household that has total family annual income under JMD \$430,000.

Deadline: This application form and all other required documentation must be received by May 31st, 2024 (5:00 p.m. central time). Email all items in the checklist to scholarship@jamaicayes.org. Website: www.jamaicayes.org.

This application is for the \$500.00 and \$250 (U.S.D. – JMD equivalent), scholarships.

Required fields are indicated by an asterisk (*).

Submission Checklist: All items must be submitted with your application (items with an asterisk (*) are required).

1. ____ * Completed Application.
2. ____ * 200 Word Statement on “What education means to me”.
3. ____ * Primary school report for grades 5 and 6.
4. ____ * 2 Letters of Recommendation (from any of the following: teacher, spiritual leader, Justice of the Peace).
5. ____ * Proof of household income.

6. *Applicant’s Name: _____
Last First M.I. Gender

7. *Student Date of Birth (MM/DD/YYYY): ____/____/____

8. *Parent/Guardian:

*Name: _____

*Address: _____

St. Catherine

Parent/Guardian E-mail: _____
(Please print)

***Parent/Guardian Primary telephone:** (_____) _____

Parent/Guardian Secondary telephone: (_____) _____

9. *Which school do you currently attend:

Name: _____

St. Catherine

Phone number: (_____) _____

Principal's Name: _____ Email: _____

10. *Which High School do you plan to attend

10a. Name: _____

City: _____ Parish: _____

10b. Name: _____

City: _____ Parish: _____

11. *What career(s) would you like to pursue: _____

12. *References:

12a. Name: _____

Phone: _____ Email _____

12b. Name: _____

Phone: _____ Email: _____

13. *Applicant's Certification Statement:

By signing my name below, I confirm that all of the information provided above and in the accompanying documents are true and correct to the best of my knowledge.

Signed: _____ Date: _____

MM/DD/YYYY