



DANNY PANTRY MEMORIAL SCHOLARSHIP

SCHOLARSHIP AMOUNT: US\$500.00 JA\$75,000*

FUNDS TO BE USED FOR SCHOOL FEES ONLY (RECEIPTS REQUIRED)

APPLICATION FORM

Current Date: (MM/DD/YYYY) ____/_____/____

Name: _____

Address: _____

Phone Number: _____ Email Address: _____

Date of Birth: (MM/DD/YYYY) ____/_____/____

Name of Parent/Guardian: _____

Parent/Guardian Phone Number: _____

Parent/Guardian Email Address: _____

Primary School Attended: _____

Principal's Name: _____

Principal's Phone Number: _____ Email Address: _____

Which High School Do You Plan To Attend: _____

Did you benefit from the Jamaica YES breakfast program? Y N

If so, how many years were you in the Jamaica YES breakfast program: _____

*Based on exchange rate of JA\$150:US\$1

Eligibility Requirements

1. Field of study must be either Agriculture, Education or Health Care
2. Students eligible for this scholarship must be new high school students
3. Provide test scores for grades 5 and 6
4. 2 Letters of recommendation from any of the following:
 - Principal
 - counselor
 - teacher
 - spiritual leader
 - community leader
5. Please prepare a separate statement on each of the following topics:
 - What are your short- and long-term goals?
 - Do you have any hobbies or activities you would like to share?
 - Identify any community service in which you participated.
 - Describe any hardship you may have overcome.
 - If you were in the Jamaica YES breakfast program describe how it impacted your life.
 - A statement on a topic of your choice

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.

Name: _____

Email the application and all items noted above to scholarship@jamaicayes.org.

Deadline: This application form and all other required documentation must be received **NO LATER THAN MAY 31st, 2026.**