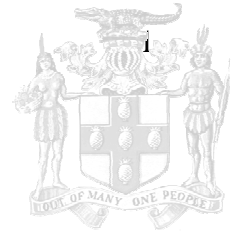




Jamaican Canadian Association Alberta
 P.O. Box 22264 – Bankers Hall – Calgary Alberta Canada T2P 4J1
 403.280.6704 www.jcaalberta.com



SCHOLARSHIP APPLICATION FORM 1A
(Print or Type)

1. Name in Full:	
2. Address:	
3. Telephone Number: Home: Office:	4. Date of Birth:
5. Mother's name:	6. Mother's Country of Birth:
7. Father's name:	8. Father's Country of Birth:
9. Are you a member of JCAA	Yes No
10. Name of post-secondary institution at which applicant is registered. <i>(proof of registration must be included)</i>	
11. Faculty or department in which applicant is registered:	
12. Year of program: 1 2 3 4 5 (circle one)	

13. Write a statement of not more than 100 words indicating your goals and aspirations and the reasons why you think you deserve to be considered for this scholarship. *(be realistic)*

14. Attach one (1) transcript of last institution attended or the previous year at present institution

"OUT OF MANY, ONE PEOPLE"

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