

DOMINICA-AMERICA SCHOLARSHIP & CULTURE, INC. EIN 27-1306793 SCHOLARSHIP APPLICATION 2025-2026 ACADEMIC YEAR

The Dominica-America Scholarship & Culture, Inc. is offering three (3) \$1000 scholarships (one each) to a graduating senior in a public High School in Port St. Lucie or the St. Lucie County area, who is African American or of non-Hispanic Caribbean descent and among other things can demonstrate financial need and who is planning on attending a technical, business or accredited college/university.

CRITERIA

1. Typewritten applications must follow the document's format and must use this page with your application.
2. All applications must be signed by the applicant, the principal and the guidance counselor.
3. All completed applications must be postmarked no later than April 30, 2025.
4. No attachments. Any attachments will be reason for disqualification
5. Essay- 1 to 2 pages. The Commonwealth of Dominica is known as the "Nature Island of the Caribbean". Give a description of its geography, early inhabitants, history and culture.
6. Minimum GPA of 3.0 on a 4.0 scale.
7. Two (2) letters of recommendations, none from relatives.
8. US Citizen or legal resident with a valid permanent residency card.
9. A minimum SAT score of 1,000 or a composite ACT score of 22.
10. Winners will be notified by mail and/or e-mail.
11. Term, Non-renewable one year
12. Check will be issued to institution of your choice after enrollment and proof of registration.

ITEMS MARKED WITH AN ASTERISK (*) ARE REQUIRED RESPONSES

* Required

Student Information

Last Name *

First Name *

Middle Initial

Mailing Address

Street *

City, State *

Zip *

Home Phone *

Email Address *

Cell Phone

Date of Birth *

2017

Country of Birth *

Ethnicity *

- African American
- Caribbean/non-Hispanic

Education Information

High School Attending *

Academic Program *

SAT Score *

ACT: Total *

GPA *

Residency Status *

- US Citizen
- US Permanent Resident

Principal's Name *

Family Status

Parents Marital Status *

- Married
- Divorced
- Single
- Widowed
- Other

Parent/Guardian

First Name, Middle Initial

Last Name

Street Address

City, State

Zip

Total Income

Number & Ages of Children in household (exclude applicant)

Please indicate which one of the following will be available upon request *

- Copy of parents W-2
- Copy of parents 1099
- SSI Disability
- K-1 from end Dec before application is due

Attach Essay about the Commonwealth of Dominica- The Nature Island *

1 - 2 pages. Give a description of its geography, early inhabitants, history & culture. Do not type essay in this section attach to form.

Extra Curricular Activities

Honors & Awards

State year and nature of honor or award

School Organizations in which you were a member

State name of organization and year(s) of membership

School Leadership

State name of organization, office(s) held and number of years



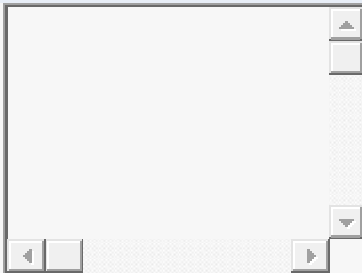
Civic Activities and/or Volunteer work

List organizations and your participation



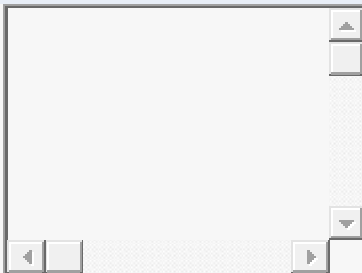
Work Experience

List positions, periods of employment and number of hours worked per week



Educational Plans

State your plans for enrollment in a technical, business or an accredited college/university



To Do *

Must complete all requests

- Letters of Recommendation: Submit at least two (2) - none from relatives
- Essay 1 to 2 pages
- Submit this application by mail only to: Dominica-America Scholarship & Culture, Inc. (DASCI) PO Box 360246, Melbourne, FL 32936

WARNING

DO NOT submit this form electronically. This form is for your convenience to allow you to print and mail to DASCI. DASCI will not be responsible for any personal data disclosed on the internet.

Disclaimer

The information presented must pertain only to your high school years (9th through 12th grades). Please do not include copies of newspaper clippings, certificates etc.

Approvers

Please be sure to seek consent before submitting this form. We will follow up with these individuals.

Guidance Counselor's Name *

Guidance Counselor's signature *

Guidance Counselor's Number

Principal's Full Name *

Principal's signature *

Principal's Number

Signature

By signing your name in full you agree to the following statement: I attest that the information presented in this application is true to the best of my knowledge.

Applicants' Signature *

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Submit

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