



# 2026 CACG SCHOLARSHIP ANNOUNCEMENT



Calling High School Seniors on the Treasure Coast entering College and other tertiary and vocational institutions in 2026.

## APPLY NOW

### For The Following Scholarships:



**The KARL C. GODFREY Scholarship Award - \$1,500**

Field of Study: Technology



**The Thelma Lake Scholarship Award \$2,000**

Field of Study: Medical or Allied Field



**The CACG HONORARY FAMILY Scholarship Award - \$2,000**

Field of Study: Any CACG approved field

### Further Details

-  [www.cacgpsl.org](http://www.cacgpsl.org)
-  [www.educationfoundationstlucie.org](http://www.educationfoundationstlucie.org)
-  [www.stlucie.k12.fl.us](http://www.stlucie.k12.fl.us)



### Mail to:

**Ms. Dawn Bloomfield**  
or **The Secretary, CACG**  
P.O. Box 8701,  
Port St. Lucie, Florida 34985

**APPLICATION DEADLINE:**  
**March 27, 2026**



**CACG Contact Info:** Ms Frances Cake (772) 240-4477  
or Ms Jan Oliver Roberts (772) 333-6796



## 2026 CACG SCHOLARSHIP ANNOUNCEMENT

Calling Treasure Coast High School Seniors Entering College and Other Tertiary and Vocational Institutions in 2026!

Apply Now for the following scholarships!

### The Karl C. Godfrey Scholarship

This scholarship was recently established in honor of the late **Karl C. Godfrey**, a stalwart CACG member and founder of CACG's annual Interfaith Memorial Celebration honoring the life and legacy of Dr. Martin Luther King Jr.

This scholarship celebrates students who demonstrate academic promise, community spirit, and a commitment to advancing technology—reflecting both Mr. Godfrey's dedication to service and Dr. King's enduring vision of empowerment through education.

#### ✦ Scholarship Details

- Award Amount: \$1,500
- Duration: One academic year
- Field of Study: Applicants must be pursuing studies in technology (e.g., computer science, information technology, engineering technology, or related fields).

### ✦ The Thelma Lake Scholarship

This scholarship was established in honor of the late Thelma G. Lake, a stalwart CACG board member and chair of several committees. Mrs. Lake was a faithful and devoted member of the nursing profession serving as a nurse practitioner and health administrator.

#### Scholarship Details

- Award Amount: \$2000
- Duration: two academic years. Renewal for the second year is dependent on the submission of first-year grades/performance reports and consistent communication with CACG.
- Field of Study: Applicants must be pursuing studies in medical or allied fields.

### The CACG Honorary Family Scholarship

✦ This scholarship was established to recognize active members of the Caribbean American Cultural Group by contributing to tuition for a family member bound for a college or vocational program.

## Scholarship Details

- Award Amount: \$2000
- Duration: two academic years. Renewal for the second year is dependent on the submission of first-year grades/performance reports and consistent communication with CACG.
- Field of Study: Applicants may be pursuing any field approved by the organization.

## Requirements for all CACG Scholarships:

1. Submission of a complete written application by **March 27, 2026**  
Mail to: **Ms. Dawn Bloomfield or The Secretary**  
**CACG, P.O. Box 8701, Port St. Lucie, FL 34985**
2. **Qualifications: GPA: 3.0 or higher; Test Scores: SAT/ACT**
3. **Evidence of Financial Need**
4. **One-page synopsis** explaining the applicant's career plans, goals, community service
5. A brief report on research findings about the **Caribbean American Cultural Group**.
6. Two passport-size photographs
7. All other documents detailed in the forms.

**Applicants must be resident in Port St. Lucie, Fort Pierce, or Stuart**

**Method of Payment:** Funds are paid to the institution, \$1,000 per year, upon receipt of proof of the student's enrollment.

## WAYS TO APPLY

1. **CACG Website:** "Click" on the <https://www.cacgpsl.org/scholarships> and follow the Scholarship Announcement to download the scholarship application forms (2 pages) and the St. Lucie Education Foundation Scholarship Guide.
2. **Education Foundation Website: Click here to view:**  
<https://www.educationfoundationstlucie.org/p/12/scholarships>
3. **St. Lucie School board website: Follow the link below:**

<https://www.stlucie.k12.fl.us/parents-students/slps-to-go/>

"Click" on the Education Foundation logo near the end of the page and follow the link on the right side of the Homepage.

**CACG Contacts: Co-Chairs MLK/Scholarship Committee:** Ms. Jan Oliver-Roberts, 772 333 6796; [janoliver-roberts@hotmail.com](mailto:janoliver-roberts@hotmail.com); Ms. Frances Coke, 772 240 4477; [frances.coke1409@gmail.com](mailto:frances.coke1409@gmail.com)



## St. Lucie County Education Foundation Local Scholarship Application 2025-2026

Please **print** this form and complete. Provide the **number of copies specified** of the complete application which includes the application, recommendation letters, statement of educational goals/career objectives, and financial need. **Please do not submit transcripts with the applications unless they are specifically requested.** All forms **must be signed** where requested by student, parent(s) and school counselor or your application will not be eligible for consideration.

SCHOLARSHIP NAME: \_\_\_\_\_

### **Student Information**

Name: \_\_\_\_\_  
Last First Middle

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Telephone \_\_\_\_\_ Date of Birth \_\_\_\_\_

Cell Phone: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

High School Attended: \_\_\_\_\_

SAT Scores Math: \_\_\_\_\_ EBRW: \_\_\_\_\_ Total: \_\_\_\_\_ ACT Composite \_\_\_\_\_

Weighted GPA: \_\_\_\_\_ Unweighted GPA: \_\_\_\_\_

School Counselor Signature: \_\_\_\_\_

College(s) you plan to attend: \_\_\_\_\_

Major(s): \_\_\_\_\_

Have you been accepted? Yes \_\_\_ No \_\_\_

Florida Prepaid College? Yes \_\_\_ No \_\_\_

Florida Bright Futures? Yes \_\_\_ No \_\_\_



# St. Lucie County Education Foundation Local Scholarship Application 2025-2026

### Parent Information:

**Parents' Marital Status** \_\_\_ married / remarried \_\_\_ divorced \_\_\_ separated \_\_\_ single \_\_\_ widowed

Is parent/guardian employee of the St. Lucie County School District? \_\_\_\_\_ Yes \_\_\_\_\_ No

#### **Father/Guardian**

#### **Mother/Guardian**

Name \_\_\_\_\_

Name \_\_\_\_\_

Address: \_\_\_\_\_

Address \_\_\_\_\_

City: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Total Income: \_\_\_\_\_

Total Income: \_\_\_\_\_

**Please attach a copy of parents W-2, 1099, SSI Disability, K-1 (or 1040 form if self-employed) from the last fiscal year before application is due.**

Number and ages of children in household, including those in college (excluding applicant): \_\_\_\_\_

\_\_\_\_\_

### **School Extra-Curricular Activities** (Make certain to indicate any leadership positions held **and** dates of service)

\_\_\_\_\_

### **Academic Awards, Special Recognitions or Honors**

\_\_\_\_\_

### **Community Awards/Service Hours/ Total Hours:** \_\_\_\_\_

Activities: \_\_\_\_\_

Hours Per Activity: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Work Experience**

Employment History	Days Worked per Week	Hrs. Worked per Week	Length of Employment
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**If you were unable to work, please explain.:** \_\_\_\_\_

**Special Interests or Hobbies:** \_\_\_\_\_

**Please send in resume if available** \_\_\_\_\_

8/2004



## St. Lucie County Education Foundation Student Local Scholarship Checklist Required Attachments

Please follow the instructions for each scholarship you are applying for as each scholarship might require different forms.

\_\_\_\_\_ A.) W-2, 1099, or SSI Disability; a 1040 form is required for self-employed. Send the correct form from the last fiscal year before the application is due. An **explanation is required if you have no documentation.**

\_\_\_\_\_ B.) Three (3) **signed recommendation letters** from sources such as: school counselors, ministers, employers, teachers, or administrators (no family members).

\_\_\_\_\_ C.) Statement of your educational goals and career objectives.

\_\_\_\_\_ D.) Statement of your specific need for financial assistance.

\_\_\_\_\_ E.) Do not submit applications in binders or covers.

**Please make sure all applications have the required signatures on them.**

### Disclosure of Limited Information

My parent(s) and I understand and agree that if I receive a scholarship through the St. Lucie County Education Foundation, the Foundation may publicize and disclose my name, photo, school and the scholarship that I received for media purposes.  Yes  No

The Foundation may also disclose my home address for congratulatory correspondence  Yes  No

*I understand that our decision about disclosure of my home address will not affect my eligibility for any scholarships.*

**FAILURE TO COMPLY WITH ALL REQUIREMENTS WILL RESULT IN DISQUALIFICATION.**

**VARIOUS SCHOLARSHIPS HAVE DIFFERENT REQUIREMENTS. PLEASE FOLLOW SPECIFIC DIRECTION FOR EACH SCHOLARSHIP APPLICATION.**

**CERTIFICATION: BOTH THE INFORMATION ON THIS FORM AND THE SUPPLEMENTAL INFORMATION PROVIDED ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.**

Parent/Guardian Signature \_\_\_\_\_

Student Signature \_\_\_\_\_