**THE GRACE SCHOLARHSIP FUND**

**The Dr. Keith A. Williams Dental Scholarship**

**APPLICATION & INFORMATION**

**HISTORY OF THE GRACE SCHOLARSHIP FUND**

The Grace Scholarship Fund was founded in 2013 to provide academic scholarships, service opportunities and leadership experiences for young Jamaican students of outstanding promise.  The fund provides scholarship winners with the financial assistance to help them attend some of the finest colleges & universities both domestically and abroad.  Our hope is that recipients will go on to achieve exemplary success in the classrooms and in their chosen fields of expertise and make Jamaica proud.

**THE DR. KEITH A. WILLIAMS SCHOLARSHIP**

Dr. Keith A. Williams is a renowned dentist residing in South Florida. He has practiced for over 3 decades. Recently he began working with the University of the West Indies as a visiting professor. That experience inspired him to fund this scholarship. Dr. Williams is a passionate supporter of Jamaican Youth and Education. As such, he is awarding this scholarship to Jamaican students currently enrolled in the dental program at the University of West Indies - Mona Campus. All students in need of finances that meet the eligibility requirements (below) are invited to apply for this gift.

**ELIGIBILITY REQUIREMENTS FOR THE DR. KEITH A. WILLIAMS SCHOLARSHIP**

All applicants for the Dr. Keith A. Williams Scholarship must meet all of the following criteria:

1. Be a Jamaican national
2. Have graduated from a Jamaican government high school
3. Be currently enrolled in the Dental Program at the University of the West Indies - Mona Campus
4. Demonstrate strong academic performance
5. Be able to provide an academic transcript and proof of enrollment at the UWI Dental Program - Mona Campus

**SCHOLARSHIP CONDITIONS**

The Dr. Keith A. Williams Scholarship may be used for funding related to current enrollment by the student at an accredited college or university. Students may use the scholarship funds to help cover the costs of tuition, fees, books, room and board, computers, health insurance, study abroad and other college related expenses. The amount of The Dr. Keith A. Williams Scholarship is $500 USD. Scholarship winners must be present in person at scholarship reception ceremony to receive award

**APPLICATION TIMELINE**

Application Deadline: May 1st, 2016

No exceptions will be made. All eligible applications must be received by 11:59pm EST on May 15th.

**DATA PRIVACY**

The Grace Scholarship Fund is committed to maintaining the confidentiality of the application information data that you provide to us. The Grace Scholarship Fund understands and acknowledges that you have reposed trust in us to protect the confidentiality and security of all the information and data.

The information and data that you provide to The Grace Scholarship Fund will remain your information and data. The Grace Scholarship Fund will not use your information and data for purposes other than this specific application review. The Grace Scholarship Fund will not sell, or otherwise disseminate or make available to third parties the information and data that you provide, in whole or in part. The Grace Scholarship Fund will restrict access to the information and data that you provide to those persons who will evaluate your information and data for purposes of determining your eligibility for, and making awards of, the financial assistance that The Grace Scholarship Fund provides.

SEND COMPLETED APPLICATIONS TO: [info@gracefund.org](mailto:info@gracefund.org) and include a copy of your college academic transcript. If you are not yet enrolled, you must submit proof of acceptance to a college or university for the fall of 2016.

| The Grace Scholarship FundThe Dr. Keith A. Williams Dental ScholarshipApplication Form | | | | |
| --- | --- | --- | --- | --- |
| **Applicant background Information** | | | | |
| Name: | | | | |
| Date of birth: | Home Phone Number: | | Cell Phone Number: | |
| Current address: | | | | |
| email address: | | | | |
| **School Information** | | | | |
| Primary School Name & Address: | | | | |
| High School Name & Address: | | Graduation Date: | | |
| If requested, can you provide your high school transcript (yes or no): | | | | |
| Caribbean Examinations Council (CXC) and Caribbean Advanced Proficiency Exam (CAPE) subjects taken and results (level):  1.  2.  3.  4.  5.  6.  7.  8. | | | | |
| SAT Score (if taken): | | ACT Score (if taken): | | |
| Provide a brief description of any academic honors, awards or leadership positions during your high school years: | | | | |
| **UNIVERSITY INFORMATION** | | | | |
| Are you currently enrolled in the UWI Dental Program - Mona Campus? (yes or no): | | | | |
| Start Date: | | | | |
| Current college mailing address: | | | | |
| Your current college personal email address: | | | | |
| Number of credits/units/courses completed: | | | | |
| Number of years completed: | | Expected Graduation Date: | | |
| \*\*\*Please be sure to provide a copy of your transcript and proof of enrollment as an attachment\*\*\* | | | | |
| Provide a brief description of academic honors, awards or leadership positions during your college/university years: | | | | |
| **NOn-Academic INformtaion** | | | | |
| Please provide a brief description of any volunteer service you have participated in during your college/university years:  Provide a brief description of any extra-curricular activities you have participated in during your high school years:  Provide a brief description of any volunteer service performed during your high school years:  Are you following us on Twitter? If so, what is your Twitter handle?  Have you LIKED our Facebook Page? | | | | |
| **Essay Resposnes** | | | | |
| Why do you want to be a dentist? *(500 words or less):* | | | | |
| Explain why you believe you deserve this scholarship *(500 words or less)*: | | | | |
| Explain what you love most about Jamaica and how will you give back to the island after you complete college/university *(500 words or less)*: | | | | |
| What is your assessment of the dental health needs of Jamaican citizens? How could these needs be provided in an innovative way? | | | | |
| **Signature (please sign below):** | | | | |
| Signing below is required for review of your application. Signature indicates that you hereby verify that the above information is true and correct to the best of your knowledge and belief. (Typing your name is sufficient) | | | | |
| e-Signature of applicant: | | | | Date: |