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**Dr. Keith Williams Dental Scholarhsip - $500**

APPLICATION & INFORMATION

**HISTORY OF THE GRACE SCHOLARSHIP FUND**

The Grace Scholarship Fund was founded in 2013 by Charissa Lawrence 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 colleges, universities and trade schools 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 – all the while, making Jamaica proud!

**DR. KEITH WILLIAMS DENTAL SCHOLARSHIP**

The Dr. Keith Williams Dental Scholarship for UWI students is being donated by Dr. Williams for the 4th consecutive year. Dr. Williams was born and raised in Jamaica before departing to the Untied Kingdom to pursue advanced studies. He currently lives in South Florida where he owns and operates his long standing dental practice. Dr. Williams often returns home to Jamaica as he is also a visiting professor with the dental program at the University of the West Indies.

**ELIGIBILITY REQUIREMENTS FOR THE HUMMINGBIRD HEALTHCARE SCHOLARSHIP**

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

1. Must be a Jamaican national
2. Must have graduated from high school in Jamaica
3. Must be currently enrolled as a full-time student at The University of The West Indies in the Dental Program – Mona Campus
4. Must be in financial need / must have experienced financial hardship in your life
5. Must attend in person scholarship reception

**SCHOLARSHIP CONDITIONS**

Scholarships 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.

**APPLICATION TIMELINE & SUBMISSION**

* Application Deadline – May 31st 2018. No exceptions. All eligible applications are due by 11:59pm EST.
* Completed applications must be sent to: [info@gracefund.org](mailto:info@gracefund.org) The subject of the email must read “Name of Scholarship – Full Name of Applicant”. For example if your name is John Doe and you are applying for the Dr. Williams Dental Scholarship, the subject of your email with your application should be “Dr. Williams Dental Scholarship – John Doe”.
* Attachments – (1) completed application (2) proof of admittance/enrollment to your college or university

**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 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. If you win a scholarship, you may be asked to feature language from your application for the use of GraceFund newsletters.

| The Grace Scholarship FundDr. keith williams dental scholarship Application Form | | | | | | | |
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| **Applicant background Information** | | | | | | | |
| Name: | | | | | | | |
| Age: | | Home Number: | | | | Cell Number: | |
| Hometown: | | | | Male/Female (M/F): | | | |
| Current address: | | | | | | | |
| email address: | | | | | | | |
| Are you currently enrolled in college/university (Y/N)? | | | | | | | |
| **General School Information** | | | | | | | |
| Primary School Name & Address: | | | | | | | |
| High School Name & Address: | | | High School 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):     |  |  |  | | --- | --- | --- | | **Subject** | **Level** | **Grade/Result** | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  |   \*\*add more rows if necessary | | | | | | | |
| SAT Score (if taken): | | | ACT Score (if taken): | | | | |
| **SOCIAL MEDIA INFORMATION** | | | | | | | |
| We believe that technology is at the forefront of education and business outlets around the world. We love to see when youth are embracing technology and utilizing social media. As such, we’d like to know if/how you are engaging with social media. | | | | | | | |
| Have you liked our Facebook Page? | | | | | | | |
| Are you on Instagram (Y/N)?  If yes, are you following @gracefund (Y/N)?  If yes, what is your IG handle? | | | | | | | |
| Are you on Twitter (Y/N)?  If yes, are you following @gracefund (Y/N)?  What is your Twitter handle? | | | | | | | |
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| **HIGH SCHOOL INORMATION** | | | | | | | |
| Provide a brief description of any academic honors, awards or leadership positions during your high school years: | | | | | | | |
| Provide a brief description of volunteer service performed during your high school years: | | | | | | | |
| **UNIVERSITY INFORMATION** | | | | | | | |
| Current OR Intended College or University name: | | | | | | | |
| Start Date (or intended start date): | | | | | | | |
| Your current college personal email address (if applicable): | | | | | | | |
| Number of credits/units/courses completed (if applicable): | | | | | | | |
| Number of years completed (if applicable): | | | Expected Graduation Date: | | | | |
| Major: | | | | | | | |
| \*\*\*Please be sure to provide a copy of your transcript and proof of enrollment as an attachment\*\*\* | | | | | | | |
| **ADDITIONAL UNIVERSITY INformtaion** | | | | | | | |
| (For current college/university students) Provide a brief description of academic honors, awards or leadership positions during your college/university years:  (For current college/university students) Please provide a brief description of any volunteer service you have participated in during your college/university years: | | | | | | | |
| **Essay Resposnes** | | | | | | | |
| Explain why you would like to become a dentist *(500 words or less):* | | | | | | | |
| In detail, please describe financial hardship you have experienced (presently and in the past) *(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: |