



HEALTHY LIFESTYLE NETWORK INC.

HLN SHELTON PROJECT

Scholarship Fund Program

Guidelines

Healthy Lifestyle Network Inc. (HLN) is dedicated to helping youth in the targeted communities of Port Antonio, Jamaica to attend and succeed in the educational arena. The belief that “every child can and will learn with the proper educational resources” is echoed throughout the Foundation’s work.

The *Mission* of Healthy Lifestyle Network Inc. is to empower individuals of all ages through self-management techniques, education, and cultural engagement, fostering lifestyle changes that lead to improved health outcomes and strengthened communities.

The *Vision* Statement. A global community where individuals live empowered, healthy lives, supported by cultural pride, educational opportunity, and collective well-being.

The *Purpose* of the **HLN Scholarship Fund Program** is to provide scholarships to deserving high school graduating seniors to pursue a degree at either a two-year or four-year educational institution.

The HLN Scholarship Fund’s award is USD\$1,000. HLN will award one scholarship for the 2026-2027 academic year. **NOTE: Scholarship funds will be awarded to the student upon evidence of registration in an accredited higher educational institution.**

Criteria and eligibility (HLN Scholarship Fund applicants)

1. Applicant must attend Titchfield.
2. Applicant must be a graduating high school senior in the year of the award.
3. Applicant must have at least a **3.0 grade point average** (or a “C” average).
4. Applicant must be admitted to a tertiary institution and pursue a field of study related to children and youth.

General Instructions

1. DEADLINE for scholarship applications is **July 15th** for the upcoming school year.
2. Refer to application process below for a list of the supporting documents needed (i.e., reference forms, evidence of GPA, etc.) Incomplete applications will not be considered.
3. If any question does not apply to you in this application please put N/A in the space.
4. Type and print legibly. Illegible applications will not be considered. You may also download a copy of the application online at www.healthylifestylenetworkinc.org.
5. You will be notified by email regarding the status of your application.
6. If you have any questions about the application, please email: hlnscholarship@gmail.com

Application Process:

Applicant must submit the following items:

1. Completed application form (if handwritten, please print legibly)
2. Letter of application addressed to the Scholarship Committee. The letter should contain a brief explanation about yourself and your college plans (college/university, intended major, and anticipated start date). Letter should not exceed two (2) pages.
3. Two (2) letters of recommendations from choice of high school teachers, administrators, counselors, employers, or individuals with significant knowledge of applicant's experience and involvement.
4. An official and recent high school transcript with cumulative grade point average and a class standing/rank.

Deadline for the application is **July 15**. Applications sent after this date will not be considered.

Please submit application electronically to: **hlnscholarship@gmail.com**

Healthy Lifestyle Network Inc.

Scholarship Fund Program

Application 2026

Date of Application:	
Please type or print your answers. If application is illegible it will be discarded.	
1.	Last Name: _____ First Name: _____
2.	Mailing Address: Street: _____ City: _____
3.	Daytime Telephone Number: () _____
4.	Date of Birth: Month Day Year
6.	Current High School _____ Number of years attended: _____
7.	I will be attending the following school in the <u>Fall</u> : _____ Proof of acceptance or current student enrollment from the above school is required prior to funds being released.
8.	I will be attending the school to Study: _____
9.	Grade Point Average (GPA): _____ (On a 4.0 scale) Attach proof of GPA. Your most recent official school transcript required.
11.	Name & address of parent(s) or legal guardian(s): Use reverse side of application if you need more space. Name (s) _____ Street: _____ City/Town _____ Home phone of parents or legal guardians: _____
12.	Name and city of other high schools attended: _____ Number of years attended: _____
Comments:	
16.	List other financial assistance you will receive per semester or quarter: (Other financial assistance will not affect your scholarship eligibility.)
	A. Personal: Amount: \$ _____
	B. Other Scholarship(s): Amount: \$ _____ List below under comments
	C. Grants: Amount: \$ _____ List below under comments
	C. Student Loan(s): Amount: \$ _____ List below under comments
	D. Other Financial Resources: Amount: \$ _____ List below under comments
Comments:	

Use an additional sheet if you need more room to list financial information requested in items 14 & 15.

17.	List your academic honors, awards and membership activities while in high school:
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18.	List your community service activities, hobbies, outside interests, and extracurricular activities: If you are a volunteer member of the HLN Organization please list when you joined along with activities in which you participated.
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19.	<p>A. The following items must be attached to this application in order for the application to qualify to be reviewed by the scholarship committee.</p> <p>B. Your application will not be considered if these items are not attached to this application. (No exceptions.)</p> <p>C. Circle "YES" or "NO" to be sure you have attached each item as required.</p>		
	YES	NO	Completed application. All questions are answered completely.
	YES	NO	Letter to Scholarship Committee. Not exceeding two (2) pages. Must be typed.
	YES	NO	Two (2) Letters of Recommendation.
	YES	NO	Proof of college acceptance A <u>copy</u> of your college acceptance letter is required for receipt of funds.
	YES	NO	Most recent <u>official high school</u> / Photocopies of your transcript are <u>acceptable</u> .

STATEMENT OF ACCURACY

I hereby affirm that all the above stated information provided by me is true and correct to the best of my knowledge. I also consent that my picture may be taken and used for any purpose deemed necessary to promote the scholarship program.

I hereby understand that if chosen as a scholarship recipient, according to Healthy Lifestyle Network Inc. Scholarship policy, I must provide evidence of enrollment/registration at the post-secondary institution of my choice before scholarship funds can be awarded. Your photograph maybe added to our website for announcement purposes.

Signature of scholarship applicant: _____ Date: _____

Signature of applicant's guardian/ parent: _____ Date: _____



“Empowering youth in Port Antonio, Jamaica with educational resources for a successful future.”