



## Dr. Martin Luther King Jr. Committee Keeping the Dream Alive Scholarship

### **WHO MAY APPLY**

- \* Students who are currently attending an accredited college, university, vocational or technical school.
- \* A minimum 2.5 GPA is required

### **APPLICATION PACKAGE**

- \* Completed Application
- \* College Transcript
- \* Verification of Enrollment as a full-time student at an accredited college, university, vocational or technical school
- \* 2 Letters of Recommendations: 1 - School Official on school letterhead; 2 - Non-family member
- \* 350 - 500 Word Essay- **One People, One Nation, One Dream: How important is unity and what can you do to bring it from a dream to a reality?**

### **AWARDS**

**4 - \$ 500.00 Book Scholarships**

### **DEADLINE**

**Applications must be received by the deadline, April 30, 2019  
Dr. Martin Luther King Jr. Committee  
Scholarship Committee  
P.O. Box 270096  
Las Vegas, Nevada 89127-0027**

**SCHOLARSHIP RECIPIENTS WILL BE CONTACTED IF SELECTED.  
SELECTIONS WILL BE MADE BY MAY 13, 2019  
For additional information please email [DrKingLasVegas@gmail.com](mailto:DrKingLasVegas@gmail.com)**

**DR. MARTIN LUTHER KING JR. COMMITTEE  
KEEPING THE DREAM ALIVE SCHOLARSHIP**

**General Information: (please print or type)**

**Last Name:** \_\_\_\_\_ **First Name:** \_\_\_\_\_ **Middle Initial:** \_\_\_\_\_

***Student's Address (permanent):***

Street Address: \_\_\_\_\_ Apt#/POB: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Are you a U.S. citizen? YES / NO (please circle)      Ethnic Origin: \_\_\_\_\_

Gender:      Male      or      Female      **(please circle)**

Name of Parent/Guardian: \_\_\_\_\_

Street Address: (if different from above) \_\_\_\_\_

Apt#/ POB: \_\_\_\_\_

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

Relationship to you: \_\_\_\_\_ Phone: \_\_\_\_\_

College attending \_\_\_\_\_

**Financial Information**

If you are considered a dependent student, please indicate the approximate annual income of your family:

\_\_\_\_\_ \$10,000 or less

\_\_\_\_\_ \$30,000 - \$40,000

\_\_\_\_\_ \$10,000 - \$20,000

\_\_\_\_\_ \$40,000 - \$50,000

\_\_\_\_\_ \$20,000 - \$30,000

\_\_\_\_\_ \$50,000 or more

**School Information**

Please list the college/ university/ trade school you are currently attending:

Name of University: \_\_\_\_\_

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

Contact Person: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Desired Study: Major \_\_\_\_\_ Minor: \_\_\_\_\_

**Goals**

What are your career goals?

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## CERTIFICATIONS AND AUTHORIZATIONS

All of the information provided on this form is true and completed to the best of my knowledge. I certify that I am a senior in high school and enrolled in or applying for enrollment at an accredited post-secondary institution for the 2018-2019 academic year. I hereby authorize the Dr. Martin Luther King Jr. Committee Keeping the Dream Alive Scholarship Committee to utilize information about my application and my likeness for publicity and public relations purposes.

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent or Guardian Signature

*(Required if applicant is under 18 years of age)*

\_\_\_\_\_  
Date

I understand if I do not graduate from high school by meeting all standards set forth by the Nevada State Board of Education and the Clark County School District that I forfeit this scholarship should it be rewarded to me. I also agree that all parts of the application are retained as property of the Dr. Martin Luther King Jr. Committee.

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent or Guardian Signature

*(Required if applicant is under 18 years of age)*

\_\_\_\_\_  
Date

### AUTHORIZATION FOR RELEASE OF RECORDS

To comply with the provisions of the Family Education Rights and Privacy Act 1974, permission is hereby given to school officials to release the school records and other requested information for consideration in the Dr. Martin Luther King Jr. Committee Keeping the Dream Alive Scholarship.

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent or Guardian Signature

*(Required if applicant is under 18 years of age)*

\_\_\_\_\_  
Date

**YOUR APPLICATION WILL NOT BE REVIEWED WITHOUT  
ALL REQUESTED DOCUMENTS TO INCLUDE THIS  
DOCUMENT.**