



## 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- **The Time is Right to Do What's Right: In the wake of what's going on in the world today; How do we get on track to bring about equality for EVERYONE. As the human race, what is our responsibility to ensure we are not just talking the talk but actually walking the walk?**

### **AWARDS**

**3 - \$ 500.00 Book Scholarships**

### **DEADLINE**

**ALL APPLICATIONS MUST BE SUBMITTED ONLINE @ [www.Kingweeklasvegas.com](http://www.Kingweeklasvegas.com)**

**Applications must be received by the deadline, July 24, 2020**

**SCHOLARSHIP RECIPIENTS WILL BE CONTACTED IF SELECTED.  
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 \_\_\_\_\_

**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 currently a college student and enrolled in an accredited post-secondary institution for the 2020-2021 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

### 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.**