



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

WHO MAY APPLY

- * Clark County Schools graduating seniors who will be attending an accredited college, university, vocational or technical school.
- * A minimum 2.7 GPA is required

APPLICATION PACKAGE

- * Completed Application
- * High School 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

5 - \$ 2,500.00 Scholarships

DEADLINE

**ALL SCHOLARSHIP APPLICATIONS MUST BE SUBMITTED ONLINE @
www.Kingweelasvegas.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**

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

Class rank: ____ out of ____

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: _____

Student's Current High School _____

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 will be attending:

Name of University: _____

Address: _____

Contact Person: _____ Phone Number: _____

Desired Study: Major _____ Minor: _____

Goals

What are your career goals?

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 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

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.**