

2019 Las Vegas Latin Chamber of Commerce Community Foundation Scholarship Application

The Las Vegas Latin Chamber of Commerce Community Foundation, in keeping with its tradition of serving the community, is offering a scholarship program for current college/university students wishing to enter into a scholastic partnership with the Las Vegas Latin Chamber of Commerce Community Foundation and other supporting partners. The purpose of this program and partnership is to assist those wishing to pursue a bachelor's degree in the **science, technology, engineering and mathematics** (STEM) fields, with guidance, mentorship and funding in their college endeavors. The program also is seeking out those student interested in pursuing a degree with an emphasis on **business and finance**. Awards are granted without regard to race, color, creed, sex, religion, disability, or national origin.

Included in this letter is the scholarship application. Students must complete the attached application and mail it along with a copy of their transcript. Applications are evaluated on the information supplied; therefore, all questions must be answered completely.

Incomplete applications will not be evaluated. Application is due back by March 15, 2019

Minimum requirements

- Serve in LCCCF cohort (established at each institution)
- Have a financial need
- Agree to provide service time back to LCCCF functions (1 -2 functions per semester)
- Report and provide an updated scholarship renewal application each year for continued LCCCF funding
- Maintain a GPA of 3.2 at attending college or university
- Enrollment in Gear up/Trio programs at attending institution

Instructions

- For those in high school complete part A, C and D of the application.
- For those in College complete part **A**, **B** and **D** of the application.
- Return the completed application to tafoydj@nv.ccsd.net
- Scholarship recipients are selected on a number of criteria, including academic record, potential to succeed, leadership and participation in community activities, honors, work experience, and a statement of educational and career goals. Financial need, as indicated by various sources of financial information, must be demonstrated for the student to receive an award.
- The Scholarship Committee of the LCCCF Education Foundation makes the selection of scholarship recipients. All recipients will be notified by June 25th, 2019. Personal interviews will be required.
- ✓ Scholarships are renewable each year up to five years if all minimum requirements are met.
- ✓ Scholarship amount can vary between \$1000 to \$3500 per year depending on fields of study and partnership matching.
- Acceptance of the scholarship constitutes permission for LCCCF Education Foundation to use recipients' names, biographical information, pictures for publicity purposes, and agreement to attend a scholarship award ceremony at the Foundation's expense, if such a ceremony is held.
- LCCCF Education Foundation reserves the right to interpret and review the conditions and procedures of this scholarship program and to make changes, at any time, including termination of the program.

Questions regarding the scholarship program should be addressed to: The LCCCF Scholarship Committee (702) 534-8981

(PART A) PLEASE TYPE OR PRINT ALL INFORMATION

NAME: Last	First	Middle
HOME ADDRESS:	City/State	Zip Code
	ONE: EMAIL:	
	ONE: EMAIL:	
SEX Male [] Female []		
DATE OF BIRTH:	STUDENT ID)	
PARENT/GUARDIAN NAMI Last	E (Mother):First	Middle
HOME ADDRESS:		Occupation
Street	City/State	Zip Code
HOME PHONE:	CELL PHONE:	EMAIL:
PARENT/GUARDIAN NAMI Last	E (Father): First	Middle
HOME ADDRESS:		Occupation
Street	City/State	Zip Code
HOME PHONE:	CELL PHONE:	EMAIL:
THE APPLICATION. CERTIFICATION/INFORM		
University/college GPA:	(GPA must be 3.2 or above to qu	ualify)
Number of Credits Completed	towards degree:	
IF SELECTED FOR AN INT THIS APPLICATION	'ERVIEW AN OFFICIAL UNIVERSITY/CO	LLEGE TRANSCRIPT MUST BE SUBMITTED WITH
UNIVERSITY/COLLEGE I	NFORMATION	
NAME OF UNIVERSITY/CO	LLEGE	DATE ACCEPTED
I plan to pursue a degree in:		
Are in an honors program:	Yes [] No [] Are you willing to apply	v to the Honors College at your schools Yes [] No [
Are in an a Trio program: `	Yes [] No [] Are you willing to apply	to the Trio program Yes [] No []
Please submit a copy of yo submit schedule when you		edule (if you do not have a course schedule please

HONORS, AWARDS, AND SCHOLARSHIPS

Please list the honors, awards, scholarships, and grants you have received. For scholarships or grants, identify type and amount. (Attach additional information as needed as needed)

1)	Description	Date Received	Amount
2)	Description	_ Date Received	Amount
3)	Description	Date Received	Amount

ACTIVITIES

Please list in order of importance/interest to you, school and community activities in which you participated such as athletics, music, clubs, tutoring, co-op, or church and civic volunteer work. (Attach additional information as needed)

1)	Activity	_Hours/Weeks	Dates
2)	Activity	Hours/Weeks	Dates
3)	Activity	Hours/Weeks	Dates
Are you currently employed? Yes [] No [] If yes where and how many hours per week			
EmployerHours per week			
CAREER GOALS			
Write a narrative essay (minimum of 350 words; double spaced) describing your educational goals and the challenges that you may face in accomplishing your goals.			

(Essay must be attached to the application)

(PART C) IF YOU ARE CURRENTLY ENROLLED IN <u>HIGH SCHOOL</u> PLEASE COMPLETE THIS PORTION OF THE APPLICATION

CERTIFICATION/INFORMATION

High school Non-wieghted GPA: _____ (GPA must be 3.5 or above to qualify)

A CURRENT OFFICIAL HIGH SCHOOL TRANSCRIPT MUST BE SUBMITTED WITH THIS APPLICATION

UNIVERSITY/COLLEGE INFORMATION

NAME OF HIGH SCHOOL _____ DATES ATTENDED _____

I plan to pursue a degree in:_____

Are you willing to apply to the Honors College at your prospective college/university Yes [] No []

Provide a copy of your program degree sheet and course schedule (if you do not have a course schedule please submit schedule when you receive it.)

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1)	Description	Date Received	Amount
2)	Description	Date Received	Amount
3)	Description	Date Received	Amount

ACTIVITIES

Please list in order of importance/interest to you, school and community activities in which you participated such as athletics, music, clubs, tutoring, co-op, or church and civic volunteer work. (Attach additional information as needed)

1)	Activity	_Hours/Weeks	_Dates
2)	Activity	_Hours/Weeks	_ Dates
3)	Activity	Hours/Weeks	Dates

COLLEGE CREDIT ACTIVITIES

Please list any and all advanced placement courses you have taken and earned credit for.

1)	Course Title	_credits earned	Institution
2)	Course Title	_credits earned	_Institution
3)	Course Title	_credits earned	Institution

CAREER GOALS	
Employer	_Hours per week
If yes, where and how many hours per week	
Are you currently employed? Yes [] No []	

Write a narrative essay with a minimum of 250 words double space. Describe your educational goals; what you are and will be doing do to make them happen.

(Essay must be attached to the application)

(PART D) ALL APPLICANTS MUST COMPLETE THIS PORTION OF THE APPLICATION APPLICATION MAY BE REPRODUCED AS REQUIRED

AUTHORIZATION TO RELEASE INFORMATION

- 1. I hereby () **do** () **do not** authorize the (NAME OF UNIVERSITY/COLLEGE)________to release any academic information to the LCCCF Education Foundation.
- 2. I hereby () do () do not authorize the LCCCF Education Foundation Scholarship Committee to release any information, contained herein, to potential sources of scholarship assistance.
- Acceptance of the scholarship constitutes permission for LCCCF Education Foundation to use recipients' names, biographical information, pictures for publicity purposes, and agreement to attend a scholarship award ceremony at the Foundation's expense, if such ceremony is held. The scholarship recipient will also be required to present a receipt for the course/s funded by this scholarship and provide official proof of the final grade earned in the course/s.
- LCCCF Education Foundation reserves the right to interpret and review the conditions and procedures of this scholarship program and to make changes, at any time, including termination of the program.
- I hereby certify that the academic information and summary of school activities and awards/honors as submitted in this application are complete and correct.

By signing this application I certify that the information on this application is factual and correct to the best of my knowledge. I hereby give permission for this information to be released to the donor or potential donors of any scholarship for which I may be eligible. I also understand that the LCCCF Education Foundation reserves the right to interpret and review the conditions and procedures of this scholarship program and to make changes, at any time, including termination of the program for any reason. Furthermore, I authorize the publication of any award I might receive.

Print Full Name:	Date:
Applicant's signature:	Date:

We thank you for your participation in the LCCCF Education Foundation and wish you success in all your future endeavors.