



Cultural
Diversity
Foundation

CULTURAL DIVERSITY FOUNDATION SCHOLARSHIP APPLICATION

APPLICANT INFORMATION

Name:		
Date of birth:	SSN:	Sex: Male _____ Female _____
Address:		
City:	State:	ZIP Code:
Home Phone:	Work Phone:	Email:
Are you a Nevada Resident? Yes _____ No _____ How long?		

COLLEGE/SCHOOL INFORMATION

Please provide the name of the college/professional school in which you plan to enroll or are currently enrolled		
College/School:	Dates Attended:	
City/State:	Have you been accepted?	GPA:
What is your intended field of study?		
List your community service activities:		
Please attach the following:		
Official copy of school transcript		
Two- page essay, double spaced		
Two letters of recommendation written on professional letterhead		
Copy of Tax Return		

Application must be submitted to the chairperson of the scholarship committee by Friday, May 7, 2010

Send to:

Cultural Diversity Foundation
Dr. Joni Flowers
Chair, Scholarship Committee
500 N. Rainbow, Suite 300
Las Vegas, NV 89107

Telephone: (702) 646-2615
Fax: (702) 221-2086
Email: jflowers@cdfnv.org

PLEASE DO NOT FAX OR EMAIL APPLICATION MATERIALS