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| **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, Clark County Resident? Yes \_\_\_\_\_ No \_\_\_\_\_ How long? |
| **Proo**f: Provide a copy of your Nevada high school diploma or final transcript indicating date of graduation |
| Or Provide Official document from NSHE institution indicating your residency status |
| Or, you, the applicant, filed taxes in the State of Nevada in the most recent tax year, earned wages or receivednontaxable income (i.e., social security, welfare, disability or veteran’s benefits) linked to a Nevada address and was not claimed as a dependent for Internal Revenue federal income tax purposes by another person |
| **Name of the scholarship that you are applying for?** |
| **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 and signed**Applicants must have filed Free Application for Student Aid (FAFSA) and must attach a copy of Student Aid Report (SAR) to this application, which shows parent’s income and parents contribution (EFC). Tax return may be requested.** |
| **Application must be submitted to the scholarship committee by Friday, June 28, 2024** |
| Mail to: Cultural Diversity FoundationScholarship Committee500 N. Rainbow Blvd, Suite 222Las Vegas, NV 89107Telephone: (702) 646-2615Email: info@cdfnv.org |
| **PLEASE DO NOT FAX OR EMAIL APPLICATION MATERIALS** |