



**CLARK COUNTY SCHOOL DISTRICT
BOARD OF TRUSTEES SCHOLARSHIP
2013-2014**

WHO MAY APPLY. Current members of the School Board Student Advisory Committee who will be graduating this year may apply. A minimum 2.5 cumulative GPA unweighted through the most recently completed semester.

AWARD. One scholarship in the amount of \$1,000 will be awarded.

DEADLINE. Applications must be received in the Clark County School District Office of the Board of Trustees on or before the first Friday in March at the address listed below.

Clark County School District
Office of the Board of Trustees
5100 W. Sahara Ave.
Las Vegas, NV 89146

702-799-1072

2013-2014 Clark County School District Board of Trustees Scholarship

*Board of School Trustees Vision Statement
All students progress in school and graduate prepared to succeed and contribute
in a diverse global society.*

AWARD. One scholarship in the amount of \$1,000 will be awarded. Official transcripts must be provided. Scholarship funds must be applied towards tuition, books, and other appropriate educational expenses.

Submit the completed application package in the following order:

1. Application general information page.
2. Certifications and authorizations page.
3. Official transcript.
4. One letter of recommendation from a school administrator, teacher, or counselor.
5. Resume of awards, activities and community services.
6. Please answer the following question.
How did you communicate with and/or gather information from your school community about the activities of the School Board Student Advisory Committee?
7. Please describe any community service you have been involved in during your high school career.
8. Essay.
What have you learned about how policy is developed and what role do you think students should have in developing policies in the Clark County School District?
(limit 500 words)

Mail or hand deliver your completed application no later than the first Friday in March by 5:00 p.m. Faxed copies are not acceptable.

If you have any questions please contact the Office of the Board of Trustees at 799-1072.

APPLICANT'S GENERAL INFORMATION (FILL IN COMPLETELY)

Student # _____ High School or College (please indicate which one)

Class Rank: _____ out of _____ Weighted GPA: _____ Unweighted GPA: _____

ACT Composite: _____ I have not taken the SAT or ACT because:
SAT Composite: _____ _____ It is not required for my admission
_____ I am taking it at a later date

Name of Applicant _____
Last First Middle

Phonetic pronunciation: _____

Date of Birth _____ Place of Birth _____

SS# Last four digits _____

Applicant's Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

School Currently Enrolled in (High School) _____

Email Address _____

Are you employed _____ Do you intend to work while attending college _____

What family responsibilities do you have _____

Please list the colleges/universities/trade schools to which you have applied:

School Name	Major	Minor

Signature of Applicant _____ Date _____

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CERTIFICATIONS AND AUTHORIZATIONS

All of the information provided on this form is true and complete to the best of my knowledge. I certify that I am attending or plan to enroll in an accredited and donor approved post-secondary institution for the 2013-2014 academic year. I hereby authorize the Clark County School District Board of Trustees to utilize information about my application and my likeness for publicity and public relations purposes. Proof of class registration is required.

Student Signature _____ Date _____

Parent/Guardian Signature (Required if applicant is under 18 years of age) Date _____

I understand that if I do not graduate from high school by meeting all standards set forth by the Clark County School District that I will forfeit this scholarship, should it be awarded to me. I agree that all parts of the application are retained as property of the Clark County School District Office of the Board of Trustees.

Student Signature _____ Date _____

Parent/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 Educational Rights and Privacy Act of 1974, permission is hereby given to school officials to release the school records and other requested information for consideration in the Clark County School District Office of the Board of Trustees.

Student Signature _____ Date _____

Parent/Guardian Signature (Required if applicant is under 18 years of age) Date _____

Your application will not be reviewed without this document.