



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

WHO MAY APPLY

- * Students who are currently attending an accredited college, university, vocational or technical school.
- * A minimum 2.5 GPA is required

APPLICATION PACKAGE

- * Completed Application **with photo**
- * College Transcript
- * Verification of Enrollment as a full-time student at an accredited college, university, vocational or technical school
- * 2 Letters of Recommendations: 1 –College Official on school letterhead; 2 – Non-family member – **Letter must be addressed to The Dr. Martin Luther King, Jr. Committee.**
- * 350 - 500 Word Essay must be typed in a Word Doc- **Our education system is struggling to keep up with the needs of our youth today. As you continue your college education, what new expectations are you hoping to set that will impact your community, and how will you achieve them?**

AWARDS

Up to \$5,000.00 in Scholarship Awards

DEADLINE

Applications must be received by the deadline, Tuesday, June 30, 2026

Dr. Martin Luther King Jr. Committee

Scholarship Committee

By Email to: drkinglasvegas@gmail.com

Please submit the original documents. Screenshots of documents **will not** be accepted. **Make sure all documents are included before submitting.**

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**

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: _____

Name of Parent/Guardian: _____

Street Address: (if different from above) _____

Apt#/ POB: _____

City: _____ State: _____ Zip: _____

Relationship to you: _____ Phone: _____

Student's Current College/University _____

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: _____

Make sure **all documents are included before submitting.**

Goals

What are your career goals?

PLEASE NOTE: THE ABOVE SECTION IS SEPARATE FROM YOUR REQUIRED ESSAY.

Make sure **all documents are included before submitting.**

CERTIFICATIONS AND AUTHORIZATIONS

All the information provided on this form is true and complete 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 2026-2027 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

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.**