



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

### **WHO MAY APPLY**

- \* Clark County Schools graduating seniors who will be attending an accredited college, university, vocational or technical school.
- \* A minimum 2.7 GPA is required

### **APPLICATION PACKAGE**

- \* Completed Application **with photo**
- \* High School Transcript
- \* Verification of Enrollment as a full-time student at an accredited college, university, vocational or technical school
- \* 2 Letters of Recommendations: 1 - School Official on school letterhead; 2 - Non-family member - **Letters 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 transition into college, what new standards are you hoping to gain that you can bring back to your community that will be impactful?**

### **AWARDS**

Up to \$10,000.00 in Scholarships

### **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](mailto:drkinglasvegas@gmail.com)**

**Please submit the original documents. Screenshots of documents **will not** be accepted.**

**SCHOLARSHIP RECIPIENTS WILL BE CONTACTED IF SELECTED.  
For additional information please email [DrKingLasVegas@gmail.com](mailto:DrKingLasVegas@gmail.com)**

**DR. MARTIN LUTHER KING JR. COMMITTEE  
KEEPING THE DREAM ALIVE SCHOLARSHIP**

Class rank: \_\_\_\_ out of \_\_\_\_

**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 High School \_\_\_\_\_

**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?

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**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

\_\_\_\_\_  
Date

*(Required if applicant is under 18 years of age)*

I understand if I do not graduate from high school by meeting all standards set forth by the Nevada State Board of Education and the Clark County School District that I forfeit this scholarship should it be rewarded to me. I also agree that all parts of the application are retained as property of the Dr. Martin Luther King Jr. Committee.

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Date

*(Required if applicant is under 18 years of age)*

### 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

\_\_\_\_\_  
Date

*(Required if applicant is under 18 years of age)*

**YOUR APPLICATION WILL NOT BE REVIEWED WITHOUT ALL  
REQUESTED DOCUMENTS TO INCLUDE THIS DOCUMENT.**