

CULTURAL DIVERSITY FOUNDATION SCHOLARSHIP APPLICATION				
APPLICANT INFORMATION				
Name:				
Date of birth:	SSN:		Gender: Male	Female
Address:				
City:	State:		ZIP Code:	
Home Phone:	Work Phone:		Email:	
Are you a Nevada, Clark County Resident? Yes No How long?				
<b>Proo</b> 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 received				
nontaxable 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 acce	pted?	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				
return may be requested.	.,		par onto continua	(2. 5). 14
, 2011				
Application must be submitted to the scholarship committee by Friday, July 18, 2025				
Mail to:	•			
	Cultural Diversit	ty Foundation		
Scholarship Committee				
500 N. Rainbow Blvd, Suite 222				
Las Vegas, NV 89107				
Telephone: (702) 646-2615				
	Email: info@			
DI FACE DO NOT FAY OR EMAIL ADDITION MATERIALS				