Who May Apply
High School Seniors in the Clark County School District

Award
To be determined.

Rules and Eligibility Requirements
- Completed Application (must be signed)
- Official High School Transcript
- 2.7 GPA
- Must be accepted in a 2 or 4 year college/university or technical school
- Letter demonstrating a financial need
- Two letters of recommendation
  1. a school official;
  2. volunteer supervisor, community member or employer
- 750 word Essay (typed)
- Resume (listing academic awards, hobbies, extracurricular activities and work history, if applicable)

Essay - Goals
Prepare a typed 750-word essay in 12 point Times New Roman font. State what your interests are, what you plan to major in, why you chose that major and why you should receive this scholarship. Attach your essay to this application.

Deadline
The application should be postmarked no later than Friday, May 30, 2014. Please mail application and supporting documents to:

DeltaEd
Attn: Scholarship Committee
3315 E. Russell Rd, Ste. A4-270
Las Vegas, NV 89120-3477
PLEASE TYPE OR PRINT CLEARLY!

Student’s Name: ____________________________________________________________________
Home Address: _____________________________________________________________________
City & State: _________________________ Zip: _____________ Phone: _______________________

High School Currently Attending: _______________________________________________________
Non – Weighted GPA: __________________________        Weighted GPA: ____________________
Class Ranking _____________ out of _______________ SAT/ACT Score: _____________________
College Student Plans to Attend: _______________________________________________________
Has Student Applied: _____ Yes _____ No            Been Accepted _____ Yes _____ No
Intended Field of Study ______________________________________________________________

Please list high school activities participated in and any offices held.

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<th>Activity</th>
<th>Years Participated</th>
<th>Position(s) Held</th>
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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 plan to enroll in an accredited post-secondary institution for the 2014-2015 academic year. Since, I am currently a high school senior, I understand that if I do not graduate from high school by meeting all standards set forth by the Clark County School District, I will forfeit this scholarship should it be awarded to me. I agree to abide by all of the terms of the scholarship award or forfeit the award should it be awarded to me.

Applicant’s signature__________________________________________________________ Date _______________________

Parent/Guardian Signature __________________________________________________________________________ Date _______________________