

2024 McKinney-Vento Scholarship Application

(Please type or print legibly with ink)

Name	Date of Birth:
Mailing Address	Phone:
City, State, Zip:	
E-mail address:	
High School Attended:	
Actual or Expected Graduation/GED Date:	
Proposed Field of Study/Major:	
ntended Institute of Higher Education:	
Address of Institute:	

Please describe any honors you have received, both in and outside of school (list here or attach resume):

Please describe any community activities and contact information of supervisors (li	in which you have participated, and include names ist here or attach resume):	
Please describe the career goals you have	e set for yourself:	
Please provide information for at least or	ne contact person:	
Name:	Relationship/Title:	
Address:	Phone:	
City, State, Zip:	Email:	
Please attach: Essay (typed, double-spaced using 12 pt. Times New Roman font) Copy of your high school/college transcript(s) SAT/ACT scores (if applicable) Two letters of recommendation Acceptance Agreement		
Submissions will be accepted by mail, email, or hand-delivery from December 1, 2023 – April 19, 2024. Applications will not be accepted after Friday, April 19, 2024 at 4:00 p.m. PST. Award Notification will be made on May 10, 2024. Incomplete applications will not be considered.		
Essay: GPA: Transcript: Class Rank:	Received: Notification date: SAT: ACT: Other Assess:	

Acceptance Agreement

I certify that the information contained in this application is true and the essay is my own original work. I acknowledge that the scholarship may be revoked if it is found that I have falsified or misrepresented any information. I understand that I must submit all of the required documents by mail, email, or in person by the deadline. I understand and agree that information written in the essay may be used for and in the presentation of the award, which will be presented publicly.

I understand that if I am awarded this scholarship, the funds will be sent directly to the institution in which I have been enrolled. If for any reason I do not pursue higher education, the scholarship will be withdrawn or forfeited. The funds will be available for tuition, room/board, and/or required course materials only. The institution will administer these funds.

I also understand that the scholarship is not transferrable. I understand that I must maintain a 2.60 GPA in order for the scholarship to be continued beyond one semester. I am responsible for submitting my first semester transcript to the Nye County School District in order to continue my eligibility for the second semester award. If I am unable to accept the scholarship, I agree to notify the Nye County School District immediately so that an alternate can be chosen.

I understand that it is my responsibility to notify the Nye County School District of any change in my status as a student, including, but not limited to change in major, change in full-time or part-time status, and enrollment.

Signed:	Date:
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