| Las Vegas Hawaiian Civic Club **Educational Stipend Award 2021** |
| --- |
| Applicant Information |
| Name: |
| Address: | City: | State: |
| Email Address: |
| Cell Phone: | Trade: | Age: |
| \*Must be 21 years or older |
| Name of Trade/Workshop: |
| Address: |  |
| City: | State: | ZIP Code: |
| Phone: | E-mail: | Fax: |
| Emergency Contact |
| Name of a relative not residing with you: |
| Address: | Phone: |
| City: | State: | ZIP Code: |
| References of organizations or personal contacts |
| Name | Address | Phone |
| Name | Address | Phone |
| Name | Address | Phone |
| Signatures |
| I authorize the use of my name and picture if chosen for the Las Vegas Hawaiian Civic Club Educational Stipend for publications. I have received a copy of this application. |
| Print Name: | Date: |
| Signature: |  |

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***LVHCC APPLICATION OPEN DATE: June 1, 2021***

***LVHCC APPLICATION DEADLINE DATE: August 24, 2021***

***Mail to: LVHCC EDUCATION STIPEND/SCHOLARSHIP COMMITTEE***

***P.O. Box 97891, Las Vegas, Nevada 88193***

**FORM REQUIREMENTS AND CHECKLIST**

**\_\_\_\_\_\_\_\_\_\_\_\_\_First time applying \_\_\_\_\_\_\_\_\_\_\_\_\_\_Re-applying**

 A. It is the responsibility of the Applicant to complete the entire Packet, which **MUST** be received by the Secretary of the Scholarship Committee no later than **August 24, 2021** to be considered for the LVHCC Educational Stipend Award. The Secretary’s address is provided at the end of these requirements. Must be 21 years or older to apply.

B. Please ensure that all copies are legible.

C. Prepare a resume of your educational and employment histories as well as church, organizations and community activities.

D. The Educational Stipend Award Recommendation Form is included with this application. Three recommendations are required. **Use of the attached Educational Stipend Award recommendation form is optional**. Each recommender should be familiar with your academic achievement, your moral character, your employment experiences, and your organizational and community activities. (The recommenders shall not be relatives, family members or students, but may include school personnel, teachers, administrators, and employers.) You may also include one recommendation from a member of the Las Vegas Hawaiian Civic Club.

1. Complete Section 1 of the Educational Stipend Award Recommendation Form **before** giving the form to the three individuals from whom you are requesting recommendations.
2. The forms must be filled-in completely, dated, signed and sealed by the recommender. To preserve confidentiality, each recommender should give the form and or the recommendation letter, in a sealed envelope, directly to the scholarship applicant.
3. All **three (3) recommendations** must be included in the Educational Stipend Award Application Packet when it is sent to the Secretary of the Committee – **NO LATER THAN THEN August 24, 2021 DEADLINE!** It is the Applicant’s responsibility to get the recommendation from the recommender.

E. **The Completed Packet should contain the following items:**

1. Application

2. Resume

3. One page Essay on (1) your area of study or what you plan to study while in school and (2) how will this area of study impact your career choice?

4. Three (3) Sealed Envelopes containing completed Scholarship Recommendations that the applicant has personally received from the persons writing the recommendation.

5. An acceptance letter from your Trade and or Workshop coordinator.

This Educational Stipend Award Application Packet **MUST BE POSTMARKED NO LATER THAN August 24, 2021.**

We **suggest** this packet be sent with a confirmation return that can track your stipend award application if it does not arrive on time.

F. **What can this Educational Stipend be used for:**

 Stipend can be used for Workshops, Vocational Training, Trade School. Acceptance letter from your education institutional must be provided as proof of sign up, or if applicant has already paid for eduction please provide Approval letter and form of payment received.

G. **How will my Stipend be distributed and when?**

 Stipend will be mailed directly to your educational institute for the amount you provided in your required items listed in Section F. If, the applicant has already paid their tuition, a proof of receipt from your educational institution will be required in order for your Stipend to be made payable to you. Stipend will be disbursed on September 1st and or 1 year from date of acceptance. Your Stipend MUST be used 1 year from the date of award letter. Failure, to use your Stipend in 1 year will be forfeited.

H. **Eligibility**

 Applicant must be a member of the Las Vegas Hawaiian Civic Club, OR

 Applicant must be over the age of 21 years old, OR

 Applicant has a current member of the Las Vegas Hawaiian Civic Club

**PLEASE SUBMIT ONLY THE REQUESTED DOCUMENTS**.  **Do NOT include copies of awards, membership cards, newspaper articles, etc. Reminder: Accuracy and neatness count!**  **You are competing for a limited number of scholarships. Put your best effort forward. Proofread and review your completed application before submitting it to the Committee.**

Any questions can be directed to any member of the Las Vegas Hawaiian Civic Club Scholarship Committee at lasvegashcc@gmail.com. You will be notified by mail as to the disposition of your application. If your application is approved, the awarded monies will be sent directly to the college/vocational/workshop school by **September 1st** of the current year.

**RECOMMENDATION FOR LVHCC Educational Stipend Award**

(Optional Form)

Section 1 *(to be completed by Applicant):* **Las Vegas Hawaiian Civic Club Scholarship Committee has received an application from:**

*Name of Applicant City State Zip*

*This applicant desires a stipend award for the purpose of continuing studies at:*

*Name of Trade/Workshop/College*

Section 2 *(to be completed by Recommender):*

*Please provide your knowledge to the applicant’s character and reputation regarding leadership skills, dependability, etc. All information will be held confidential. Please feel free to use the back of this form for additional information, if needed.* ***Why would you recommend this applicant for a Educational Stipend Award?***

Signed:       Date:

Title/Relationship to Applicant:

       (      )

*Full Name (Please Print) Area Code Work Number*

*Street Address City State Zip*

***Thank you for taking the time to complete this form and assisting this student.***

*Please return this form in a sealed envelope and give it directly to the Scholarship Applicant.*