Las Vegas City Employees' Association 2024 Scholarship Application – LVCEA Member

LVCEA Member Information:		
Last Name: First Name:		
Contact Phone Number:	E-mail Address:	
Mailing Address:		
	Work Phone Number:	
Educational Information:		
Current High School/College Name:	GPA (unweighted):	
Future College or University to Attend:		
Degree Program/Major:		
Mailing Address:		
Please share your hobbies, outside interests, and necessary):	d volunteer activities (attach additional sheets as	

DATE APPL	LICATION PACKET RECEIVED:	
RECEIVED E	BY:	
VERIFICATI	ION PROCESS CHECKLIST – ALL ITEMS CHECKED OFF AS INCLUDED IN THE PACKET: Y	'ES OR NO
	VERIFICATION PROCESS CHECKLIST	
	☐ COMPLETED APPLICATION	
	☐ MEMBER IN GOOD STANDING FOR AT LEAST 6 MONTHS	
	☐ HIGH SCHOOL/COLLEGE TRANSCRIPT – CUMULATIVE GPA OF 3.0	
	750 WORD ESSAY	
	☐ THREE (3) LETTERS OF RECOMMENDATION	
	☐ VERIFIED AND APPROVED AS CANDIDATE	
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SELECTED A	AS RECIPENT FOR 2024: YES OR NO	