



Armstrong Family & Associates Foundation Sammie Armstrong High School Scholarship

Who Can Apply

- Clark County residents who are:
 - o Graduating high school seniors
 - o Attending an Historically Black College or University or the University of Nevada Las Vegas
 - o Currently has at least a 2.3 GPA

Application

- Completed application
- High School transcript
- 1 letter of recommendation
 - o School administrator on school letterhead
 - o Non-family mentor
- Essay 200 – 500 words - In your essay we would really like to get to know you, your opinions and aspirations in life.
 - o Tell us about the college course that you plan to take that will contribute to achieving your academic goals.
 - o Tell us about your community service and/or extracurricular activities.
 - o Tell us about your opinions, experiences as well as your personal strengths and challenges.
 - o And finally, what do people close to you have to say about your character?
- College acceptance letter
 - o HBCU
 - o UNLV

Awards

- Two - \$1,000.00 Scholarships
 - o Paid directly to the student awarded the scholarship

Deadline

- Application packet must be received by the **Friday, April 12, 2024**
- Please mail to:
 - Armstrong Family & Associates Foundation
 - 8635 W. Sahara Ave., 3172
 - Las Vegas, NV 89117
- Scholarship recipients will be contact directly if selected

This application packet will not be reviewed without all requested documents.



**Armstrong Family & Associates Foundation
Sammie Armstrong High School Scholarship**

First Name: _____ Last Name: _____

Street Address: _____ Apt#/POB: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Email: _____

Date of Birth: _____ Ethnicity: _____

Are you a U.S. citizen? Yes / No (circle one) Gender: Male or Female (circle one)

Current High School: _____ GPA: _____

Name of Parent/Guardian: _____ Relationship: _____

Street Address (if different from above): _____

Apt#/POB: _____ City: _____ State: _____ Zip Code: _____

Phone Number: _____ Email: _____

Please list the college/university that you have been accepted to and will be attending in the Fall:

Name: _____

Address: _____

Contact Person: _____ Phone Number: _____

Desired Field of Study: _____



Certification & Authorization

All the information provided on this form is true and completed to the best of my knowledge. I certify that I am a senior in high school and has been accepted to an accredited post-secondary institution for the Fall semester. I hereby authorize the Armstrong Family & Associates Foundation to utilize information about my application and my likeness for publicity and public relations purposes.

Student Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____
(required if applicant is under 18 years of age)

I understand if I do not graduate from high school by meeting standards set forth by the Clark County School District that I forfeit this scholarship should it be rewarded to me. I also agree that all parts of the application are retained as property of the Armstrong Family & Associates Foundation.

Student Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____
(required if applicant is under 18 years of age)