



PARADISE SERTOMA

www.sertomalv.org – newest version of applications available for download on website

SCHOLARSHIP APPLICATION

Dear Applicant:

Please fill out the information listed below and attach:

- 1) A copy of your audiogram (for 1st time applicants only)
- 2) Proof of expenses (tuition, books)
- 3) Detailed synopsis of your personal goals and financial needs in hoping to obtain a scholarship. (100 word minimum)

Please return the above documents to David Polis or Eric Polis at:

Mail: 980 American Pacific Drive Suite 111
Henderson, NV 89014

Fax: (702) 446-6172

Phone: (702) 734-1888 (v); (702) 568-0501 (tty)

Email: LVSertoma@aol.com

CHECK ONLY ONE:

____ SPRING 20____ DEADLINE IS JANUARY 15

____ MARCH'S 8 WEEK COURSE DEADLINE IS MARCH 1

____ SUMMER 20____ DEADLINE IS JUNE 1ST

____ FALL 20____ DEADLINE IS AUGUST 15

(Please print CLEARLY or type the following information)

NAME _____
(Last) (First) (Middle)

STUDENT IDENTIFICATION NUMBER _____

BIRTH DATE _____

EMAIL: (PRINT CLEARLY) _____

MAILING ADDRESS _____

(Number)

(Street)

(Apt No.)

(City)
Code)

(State)

(Zip

PHONE NUMBER _____

IS THE NUMBER VOICE OR TTY OR CELL FOR TEXTING (please circle which one)

COLLEGE MAJOR _____

CAREER CHOICE _____

To the best of my knowledge, the above information is true and correct. I also give my permission to Student Support Services to release information about my awards, scholarship application, financial aid application and future academic transcripts to the donor of my scholarship or other persons deemed appropriate by Student Support Services. This scholarship is not to exceed \$350.00 per semester and all scholarships will be reviewed and awarded through the Sertoma organization directly. Students can be awarded 3 scholarships per year.

Sertoma will not give scholarships to students that do not maintain a C average or who change their classes to “audit” or “withdraw”.

date

signature