



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

### **Who Can Apply**

- Clark County residents who are:
  - o Students of color
  - o Graduating high school seniors
  - o Accepted to a Historically Black College or University (HBCU) or the University of Nevada Las Vegas (UNLV)
  - 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 courses 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 that are close to you have to say about you and your character.
  - o AI generated essays will not be accepted
- 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/postmarked by the **Saturday, March 1, 2025**
- Please mail to:
  - Armstrong Family & Associates Foundation
  - 8635 West Sahara Ave., 3172
  - Las Vegas, NV 89117
- Scholarship recipients will be contacted 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:

College/University: \_\_\_\_\_

Location: \_\_\_\_\_

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: \_\_\_\_\_  
(required if applicant is under 18 years of age)

Date: \_\_\_\_\_

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: \_\_\_\_\_  
(required if applicant is under 18 years of age)

Date: \_\_\_\_\_