

# 2007-2008 Evelyn Abrams Memorial Scholarship

## **Who May Apply**

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CCSD female seniors who are interested in pursuing a degree in education or business at an accredited college or university may apply for this scholarship. A minimum 3.0 unweighted cumulative GPA is required and students must demonstrate financial need.

## **Award**

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One scholarship in the amount of \$750 will be awarded.

## **Deadline**

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Applications must be received in the Foundation office or postmarked by March 7, 2008.

*HELPING MAKE IT HAPPEN*

Scholarship Program  
3360 West Sahara, Suite 160  
Las Vegas, Nevada 89102



THE PUBLIC EDUCATION FOUNDATION

## **Evelyn Abrams Memorial Scholarship**

### **Award**

One scholarship in the amount of \$750 will be awarded. Verification of enrollment (class schedule) is required. Scholarship funds must be applied toward tuition, fees and other appropriate educational expenses. These funds will be disbursed in equal payments over two semesters.

### **Submit the completed application package in the following order**

- Include - Applicant's General Information page, Financial Statement and the Certifications and Authorizations form.
- Essay - What do you hope to accomplish with a degree in education or business? Please attach additional page(s) for your essay.
- A letter of recommendation from a teacher, school counselor, club advisor or coach.
- Transcript (including 7th semester grades)/Test Scores

### **As part of the acceptance of this scholarship, you will be required to attend the following event(s)**

- The Public Education Foundation Scholarship Awards Luncheon to be held on May 21, 2008.

### **Questions**

If you have any additional questions, please contact Shana Venenga at 799-1042.



# Evelyn Abrams Memorial Scholarship

## FINANCIAL STATEMENT

**Applicant** \_\_\_\_\_

**Name of Parent or Guardian(s)** \_\_\_\_\_  
(Include mother's maiden name)

Is this a single parent family? Yes  No

**Occupation of Parent(s) or Guardian(s)** \_\_\_\_\_

**Employer** \_\_\_\_\_ **Annual Salary \$** \_\_\_\_\_

**Employer** \_\_\_\_\_ **Annual Salary \$** \_\_\_\_\_

**Other Income Sources (Include additional scholarships/grants awarded)**

**Source** \_\_\_\_\_ **Amount** \_\_\_\_\_

**Source** \_\_\_\_\_ **Amount** \_\_\_\_\_

**Total income as reported on parent's federal income tax return** \$ \_\_\_\_\_

**Total number of exemptions claimed on tax return** \_\_\_\_\_

**Number of adults in the family** \_\_\_\_\_

**Number of dependent children in the family** \_\_\_\_\_

**Number of dependent children who will attend college in the fall** \_\_\_\_\_

If both parents reside at the same address, do they both work? Yes  No

**Estimated annual college costs (tuition, room and board, etc.)** \$ \_\_\_\_\_

**Are there any additional household or financial circumstances that may pertain to this application?**  
(An additional page may be added if necessary)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
**Parent/Guardian Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Applicant Signature**

\_\_\_\_\_  
**Date**

## CERTIFICATIONS AND AUTHORIZATIONS

All of the information provided on this form is true and complete to the best of my knowledge. I certify that I am a senior in high school enrolled in or applying for enrollment at an accredited post-secondary institution for the 2007-2008 academic year. I hereby authorize the The Public Education Foundation and the Evelyn Abrams Memorial Scholarship to utilize information about my application and my likeness for publicity and public relations purposes.

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Student Signature

Date

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Parent/Guardian Signature *(Required if applicant is under 18 years of age)*

Date

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

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Student Signature

Date

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Parent/Guardian Signature *(Required if applicant is under 18 years of age)*

Date

### AUTHORIZATION FOR RELEASE OF RECORDS

To comply with the provisions of the Family Educational Rights and Privacy Act of 1974, permission is hereby given to school officials to release the school records and other requested information for consideration in the Evelyn Abrams Memorial Scholarship and The Public Education Foundation Scholarship Program.

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Student Signature

Date

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Parent/Guardian Signature *(Required if applicant is under 18 years of age)*

Date

**Your application will not be reviewed without this document.**

**Evelyn Abrams Memorial Scholarship**



# THE PUBLIC EDUCATION FOUNDATION

## **Scholarship Submission Instruction Page**

Use a paperclip to hold your application(s) together and mail in one (1) flat envelope (do not fold or staple any part of your application).

Additional documents such as transcripts and letters of recommendation must be included with the rest of your application and not sealed in separate envelopes. Unofficial-unsealed transcripts and letters of recommendation are acceptable.

Documents must be submitted in the same order as listed on page two (2) of the application.

Folders, report covers, etc. used to submit your application will be discarded.

Put multiple applications in one flat envelope, separating each application with a paperclip. If you submit multiple applications, include enough copies of your transcripts, resumes, and letters of recommendation, etc.

All documents submitted should be printed on single-sided, standard-size (8 ½" by 11") paper.



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**This scholarship is sponsored by**

***The Family of Evelyn Abrams***

*“The direction in which education starts a man will determine his future life.”*

*-Plato*

The Public Education Foundation, 3360 West Sahara Suite 160, Las Vegas, NV 89102

(702) 799-1042      FAX (702) 799-5247

Visit our web site at: [www.ccpef.org](http://www.ccpef.org)