



T-N-T SCHOLARSHIP APPLICATION

All information in this application will be held in strict confidence, only to be used for the purpose of selecting recipient(s) of the T-N-T Scholarship.

AFFIRMATIVE ACTION STATEMENT

The Scholarship Committee, in granting financial aid, does not discriminate on the basis of race, color, sex, age, national/ethnic origin, sexual orientation, or religion.

Name: _____ Age: _____

Address: _____ Sex: _____

City, State, Zip: _____ SSN# _____

Telephone: _____ email: _____

How long have you resided in Nevada? _____

To which accredited licensed program (College, University, Trade or Vocational institute have you been accepted for enrollment or currently enrolled? _____
Status: Full time _____ Part time _____

Curriculum: _____

Educational background: Do you possess a:
High School diploma? Yes _____ No _____
General Education degree? Yes _____ No _____
Other degree? Yes _____ No _____

Name of degree granting institution? _____ Date received: _____

List any activities or volunteer work you feel would be applicable and why: _____

List any awards or honors you have received: _____

List any specialized training, courses, workshops, etc. pertaining to your curriculum: _____

STATEMENT OF PROJECTED EXPENDITURES:

Period during which you anticipate the need for financial assistance:

From: _____ / _____ To _____ / _____
Month year month year

List other scholarships/loans in which you have applied for and/or received for the above period.

List other scholarships and/or loans which you have previously received: _____

Are you currently employed: Yes ___ No ___ ; Hours per week? _____

Employer: _____ How long? _____

<u>Anticipated Income for Aid Period?</u>		<u>Anticipated Expenses for Aid period?</u>	
Employment	\$ _____	Tuition/Fees	\$ _____
Savings	\$ _____	Books/Supplies	\$ _____
Scholarship	\$ _____	Living Expenses	\$ _____
Loans	\$ _____	Medical/Dental	\$ _____
Parents/Partner	\$ _____	Insurance	\$ _____
Other	\$ _____	Child Care	\$ _____
		Other	\$ _____
TOTAL	\$ _____	TOTAL	\$ _____

I HAVE READ AND UNDERSTAND THE CRITERIA FOR ELIGIBILITY AND THE METHOD OF SELECTION REGARDING THE T-N-T SCHOLARSHIP. I UNDERSTAND THAT IF I AM A RECIPIENT OF THIS SCHOLARSHIP, MY NAME MAY BE PUBLISHED IN LOCAL GLBT/GAY PUBLICATIONS AND COULD BE ANNOUNCED AT EVENTS PUBLICIZING THE SCHOLARSHIP AND THE AWARD TO THE WINNER(S). IF YOU PREFER NOT TO HAVE YOUR NAME PUBLICIZED, PLEASE INFORM THE COMMITTEE IN WRITING, ACCOMPANYING THE APPLICATION. THIS WILL NOT AFFECT THE OUTCOME OF THE COMMITTEES DECISION. I UNDERSTAND THAT THE APPLICATION DEADLINE IS OCTOBER 1ST OF EACH CALENDAR YEAR AND DO NOT HOLD THE SELECTION COMMITTEE RESPONSIBLE FOR LATE, LOST, OR MISDIRECTED MAIL. I UNDERSTAND I AM ABLE TO APPLY EACH YEAR, PROVIDING I MEET ALL ELIGIBILITY REQUIREMENTS

SIGNATURE: _____ DATE: _____

Applications must be forwarded to:
Imperial Royal Sovereign Court of the Desert Empire, Inc
Attention: Scholarship Committee
PO Box 46481
Las Vegas, NV 89114-4681

All other inquiries regarding the scholarship or questions, concerns, in general may also be forwarded to the same address, Attention: Terry Freeman, Emperor II or Truly LaFemme, Empress II. This informational tri-fold and application also available on our website at www.desertempire.org