



INTERNATIONAL
SPECIAL EVENTS SOCIETY
LAS VEGAS CHAPTER

Dr. Kathleen Beard Nelson, CSEP, CMP Scholarship

Application

Full Legal Name	<i>Last Name (please print)</i>	<i>First Name</i>	<i>Middle Name</i>	
Permanent Address	<i>Number/Street</i>	<i>City</i>	<i>State/Country</i>	<i>Zip Code</i>
E-mail Address				
Proposed Graduation Date				
Rank (Freshman, Sophomore, etc.)				

Academic Advisor – Signature Required

By signing below, I acknowledge the scholarship applicant is an enrolled student in the Meetings & Event Management Bachelor of Science degree program at the University of Nevada, Las Vegas.

Academic Advisor Signature

Date

Certification – To Be Signed By All Applicants

I have read and understand the enclosed information. I affirm that the information which I have provided on this application form and any additional material that I submit related to the scholarship application is complete, accurate, and true to the best of my knowledge. Pursuant to the Family Educational Rights and Privacy Act of 1974, as amended (FERPA), I hereby authorize ISES Las Vegas to release the scholarship application information, provided by me, for the purpose of providing information to a committee of ISES Las Vegas members concerning my eligibility as a scholarship recipient. This includes information regarding my academic progress and status, and degree program. I also understand that furnishing false information may result in revocation of the scholarship, should I receive the Dr. Kathleen Beard Nelson, CSEP, CMP Scholarship.

Applicant's Signature

Date