

Sergott Family Scholarship

2025-2026 Application

The Sergott Family Scholarship aims to propel Nevada's current and former foster youth and young adults from Washoe County and all other Rural Region counties to a successful higher education experience. Six Scholarship recipients will each receive \$1000 to help alleviate the financial burdens associated with pursuing a college degree or vocational certification.

Eligibility

Applicants must:

- Have experienced foster care in any Nevada county except Clark County.
- Either be a graduating high school senior or already obtained a high school diploma or equivalency certificate in any Nevada county except Clark County.
- Must be a U.S. citizen
- Not yet reached 26 years of age at time of application deadline (6/30/2025)

Application Process & Requirements (checklist):

Application deadline is 6/30/2025 and recipients will receive award in September. The following documents are required as part of the application process and must be submitted to

educationhelp@dcfs.nv.gov :

- Proof of Foster Care experience (Proof of Wardship Letter)
- Proof of high school completion (transcripts, or copy of diploma or equivalency certificate)
- Proof of enrollment (College, 4-year University, Trade/Vocational schools or programs)
- A Personal Statement that includes your educational goals and how you plan on spending the award (1-page max – 12pt. font).

Additional Information:

- The funds can be used to support educational goals (including but not limited to school fees, tuition, books, technology, transportation)
- Award recipients can re-apply but first-time applicants may be prioritized.
- The scholarship is encouraged for those pursuing technology fields but is not limited to that field.
- The applications will be reviewed by an appointed committee.

If you need assistance accessing proof of your foster care experience in NV, please contact the appropriate jurisdictional representative below or email ll@dcfs.nv.gov :

- Washoe County Human Services Agency- Valerie Welsh (VWelsh@washoecounty.gov)
- DCFS Rural Region- Belinda Takhar (belinda@carson-family.org)

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Section 1. Applicant Information

Legal Name:	First:	Middle:	Last:	Suffix:
Date of Birth:	Month:	Day:	Year:	Age:
Physical Address:	City:	State:	Zip Code:	County:
Mailing Address:	City:	State:	Zip Code:	County:
Cell Phone Number:	Other phone Number:	Email:		
Is it okay to leave you messages and contact you using this information?			<input type="checkbox"/> Yes	<input type="checkbox"/> No

Section 2. Eligibility

Are you a U.S. Citizen?

☐ Yes

☐ No

Will you be under 26 years of age on 6/30/2025?

☐ Yes

☐ No

Have you completed High School, or will you have completed it by 6/30/2025?

☐ Yes

☐ No

Where did you experience foster care in Nevada?

☐ Washoe County

☐ Rural Region

Section 3. Enrollment Information

Please list the college or career school you plan to attend during the 2025 – 2026 academic year.

Name:	Field of Study:
1.	
2.	

Section 4. Application Checklist

The applicant must submit the following documents in order for the application to be considered.

- ☐ Proof of foster care experience in NV county outside of Clark County (Letter of Wardship)
- ☐ Proof of completion of High School (copy of diploma or equivalency certificate)

- ☐ Proof of school enrollment
- ☐ Personal statement (1pg. max. 12pt. font.)

Section 5. Application Consent

Applicant must read and agree by initialing each section and signing below. If applicant is under 18 years of age, parent or guardian signature is required.

1. ____ **(initial)** I understand that I must complete and submit all required application documents, including supporting documentation identified in the application checklist (section 4) on or before the 6/30/25 deadline to be considered for the Sergott Family Scholarship Award.

2. **Release of Information (check one option below):** Permission to the Division of Child and Family Services (DCFS) and the Sergott Family Scholarship to use my Sergott Family Scholarship application, including the application essay in print, electronic media and other forms of publicity. **If applicant is under 18 years of age, identifying information will not be released.**

I grant permission to use my information ____ **(initial)**

I do not grant, permission to use my information ____ **(initial)**

3. ____ **(initial)** I certify that the information in this application is true and correct, to the best of knowledge. I understand and agree that misstatements on my application will cause forfeiture of my scholarship.

Please sign below to indicate the above information is correct to the best of your knowledge:

Printed Name of Young Adult

Signature of Young Adult

Date

Printed Name of Parent of Guardian

Signature of Parent or Guardian

Date