

CONFERENCE REGISTRATION ASSISTANCE

*Please complete the following form to the best of your ability.
You will be contacted once application is reviewed.*

SCHOLARSHIP APPLICATION IS DUE BY FRIDAY, OCTOBER 2, 2015

APPLICANT INFORMATION:

Student Name: _____ Date: _____

Phone Number: _____ Email: _____

Address: _____ City/State/Zip: _____

School: _____ Grade: _____

1. Have you ever attended the Wyoming Latina Youth Conference? YES NO

2. Why do you wish to attend the Wyoming Latina Youth Conference?

3. List three (or more) words or phrases to describe yourself:

4. Please list two (or more) references. (Counselor, Teacher, etc.)

Reference Name: _____ Contact Number: _____

Reference Name: _____ Contact Number: _____

Reference Name: _____ Contact Number: _____

WYOMING LATINA YOUTH CONFERENCE

"The Power of Choice"

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