

# **CONFERENCE REGISTRATION ASSISTANCE**

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

**APPLICATION IS DUE by OCTOBER 1**

## **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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