CENTRAL WYOMING SECTION
OF THE
SOCIETY FOR MINING, METALLURGY, AND EXPLORATION (SME)
COATES, WOLFF, RUSSELL, SWANK & ODELL MEMORIAL SCHOLARSHIPS
2024 APPLICATION FORM

Name: _____
Title Last First Middle

Email Address: _____ Phone: _____

Mailing Address at School: _____

Marital Status: ( ) Single ( ) Married Spouse's name: _____

Spouse's Occupation: _____

Parent/Guardian: Name: _____ Relationship: _____

Address: _____

Phone: _____ Occupation: _____

Date of Birth: _____ Number of years applicant been a legal resident of the State of Wyoming: _____

High School you graduated from: _____ Month/Year of H.S. Graduation: _____/_____

Enrolled University: _____ Enrolled Curriculum: _____

Applicant's current class standing: ( ) Sophomore ( ) Junior ( ) Senior ( ) Graduate Student

Semesters which you plan to attend this academic year: ( ) Fall ( ) Spring ( ) Summer

List all Colleges/Universities previously attended along with dates: _____

_____

List any Scholarships, Loans and/or Grants that you have received: _____

_____

_____

Are you presently employed? ( ) No ( ) Yes If yes, average hours worked per week: _____

What amount of college expenses (tuition, books, room, and board) will you personally contribute this year? $_____

Statement of Career Objective(s): _____

_____

Upon graduation, where do you aspire to work and reside? _____

Explain why you are applying for this scholarship and any other relevant information that you may wish to be considered:

_____

_____

_____

******* Essay on "The Importance of Mineral Extraction to the State of Wyoming" REQUIRED (250 word **minimum**) *******

******* Please provide complete **Transcripts** from all Colleges/Universities attended***

I hereby confirm the accuracy and completeness of the information provided herein as a requirement for the scholarship.

_____ _____

Signature of Applicant Date

MANDATORY EDUCATIONAL DATA: To be completed by an official of the school that you are attending.

_____ _____

Name of University Cumulative Grade Point Average

_____

Official's Printed Name, Signature and Seal Title Telephone Number

APPLICATION DEADLINE: COMPLETED APPLICATIONS MUST BE RECEIVED BY **APRIL 5th, 2024**

Submit via EMAIL to: smecasper@gmail.com

Attn: SME Scholarship Committee