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 4, 2018

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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