

## CENTRAL WYOMING SECTION OF THE SOCIETY FOR MINING, METALLURGY, AND EXPLORATION (SME) COATES, WOLFF, RUSSELL, SWANK & ODELL MEMORIAL SCHOLARSHIPS 2025 APPLICATION FORM

Name:				
Title	Last	First	Middle	
Email Address:		Phone:		
Mailing Address at Scho	ol:	e's name:		
Marital Status: () Single	e () Married Spouse	e's name:		
	Spous	e's Occupation:		
Parant/Guardian: Nama:		Palationship		
ratelli/Ouarutaii. Ivaille.		Relationship:		
Phone		Occupation:		
T none.				
Date of Birth:	Number	of years applicant been a legal resident of the	State of Wyoming:	
High School you graduat	ted from:	of years applicant been a legal resident of the Month/Year of H.S. Grad	uation:/	
Enrolled University:		Enrolled Curriculum:		
Applicant's current class	standing: ( ) Sophomore	() Junior () Senior () Gra	aduate Student	
Semesters which you pla	n to attend this academic y	vear: ( ) Fall ( ) Spring ( ) Su	mmer	
List all Colleges/Univers	ities previously attended a	long with dates:		
Listowy Coholombing L	o and and/an Cronte that was	- harra manairradi		
List any Scholarships, Lo	bans and/or Grants that you	a have received:		
Are you presently emplo	ved? () No () Ves	If yes, average hours worked per week:		
What amount of college	expenses (tuition books re	oom, and board) will you personally contribu-	te this year? \$	
what amount of conege	expenses (tuttion, books, it	cont, and could will you personally control		
Statement of Career Obj	ective(s):			
Upon graduation, where	do you aspire to work and	reside?		
Explain why you are app	lying for this scholarship a	and any other relevant information that you m	ay wish to be considered:	
*** Essay or	1 "The Importance of Mine	eral Extraction to the State of Wyoming" REC	DURED (250 word <b>minimum</b> ) ***	
Essay of	-	, ,	, ,	
	*** Please provide co	mplete Transcripts from all Colleges/Univer	sities attended***	
	•••••••	• • • • • • • • • • • • • • • • • • • •		
I hereby confirm the acc	uracy and completeness of	the information provided herein as a requirer	nent for the scholarship.	
2	<b>5 1</b>	1 1	1	
Signat	ure of Applicant		Date	
~-8				
	•••••	• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •	
MANDATORY EDUC	ATIONAL DATA: To be	completed by an official of the school that yo	u are attending	
		compreted by an orneral of the sensor that yo	a are attending.	
ame of University Cumulative Grade Point Average				
,		C C		
Official's Printed Name,	Signature and Seal	Title	Telephone Number	
• • • • • • • • • • • • • • • • • •	•••••	• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •	
A DDI TO ATTO	N DEADI INE. COMPL	ETED APPLICATIONS MUST BE RECEIV	ED BY MADCH 20th 2025	
AFFLICATIC			ер бі <u>максп 20</u> <del>-, 2023</del>	
	Submi	t via EMAIL to: <u>smecasper@gmail.com</u>		