



Community Health Worker Training Program Application

Please email the completed application to CHW@UWyo.edu

Thank you for your interest in the Community Health Worker Training Program! In order to enroll you into the program, please complete this application form that collects information necessary to get you processed into the online course system, to determine your eligibility for various forms of financial assistance available through the program, and to allow us to report required information to the agency that funds the program.

Please also email **proof of completion of your high school diploma/GED or a college transcript** along with the form.

If you have any questions as you complete the form, please reach out to CHW@UWyo.edu

Name		
Gender		
Birthdate		
Mailing Address		
County of Residence		
Email Address		
Phone Number		
Employer (if applicable)		
Educational Background <i>Attach <u>proof of completion</u> of high school/GED or higher.</i>	High School/GED	Associate's Degree
	Bachelors Degree	Graduate/Professional Degree
High School Name and Address		
Please check any of the following that apply:	IEP or 504 in grade school English as a 2 nd language First-Generation College Student	

