



## 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

<b>Name</b>		
<b>Gender</b>		
<b>Birthdate</b>		
<b>Mailing Address</b>		
<b>County of Residence</b>		
<b>Email Address</b>		
<b>Phone Number</b>		
<b>Employer (if applicable)</b>		
<b>Educational Background</b> <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
<b>High School Name and Address</b>		
<b>Please check any of the following that apply:</b>	<input type="checkbox"/> IEP or 504 in grade school <input type="checkbox"/> English as a 2 <sup>nd</sup> language <input type="checkbox"/> First-Generation College Student	

<b>Ethnicity</b>	Hispanic	Non-Hispanic
<b>Race (choose all that apply)</b>	American Indian / Alaska Native	Asian
	Black / African-American	Native Hawaiian / Pacific Islander
	White	Other: _____
<b>Veteran Status</b>	Non-Veteran	Active Duty Military
	National Guard	Reservist
	Veteran (Prior Service)	Veteran (Retired)

**Please tell us why you are interested in participating in the Community Health Worker Training Program (250 words maximum)**

I certify that all of the above information is complete and accurate, and that I have either completed high school or received my GED. I understand that any falsification of information may result in dismissal from the program and requirement to repay financial assistance provided to me as a trainee.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date