



College of Health Sciences
Division of Kinesiology and Health
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**GORDON S. & CHARLOTT MYERS
HEALTH SCIENCES SCHOLARSHIP
APPLICATION FOR**

Criteria

I. PERSONAL INFORMATION

Name _____ Date _____

Local Address _____

Telephone # _____

E-mail Address _____

I attended _____ High School in _____ (city/town),
_____ (state).

Earned Hours _____

GPA _____ NOTE: Attach an unofficial copy of your transcript.

II. WRITTEN STATEMENT

Please attach a one page written statement (typed/computer) that closely addresses the scholarship criteria.

**RETURN COMPLETED APPLICATIONS TO
CORBETT BUILDING OFFICE 119B
BY**