## **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: \_\_\_\_ YES NO 1. Have you ever attended the Wyoming Latina Youth Conference? 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.)

CONF

Reference Name:

Reference Name:

## WYOMING LATINA YOUTH CONFERENCE

Reference Name: \_\_\_\_\_ Contact Number: \_\_\_\_ Contact Number: \_\_\_\_

Contact Number:

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