LARAMIE COUNTY COMMISSIONERS' SCHOLARSHIP APPLICATION 310 W. 19TH STREET, SUITE 300, CHEYENNE, WY 82001 (307) 633-4260

Name:	Date Of Birth:			
Address:				
Street or Box Number	City	State	Zip	Phone Number
High School Attended:		GPA:	Act Score: _	
Vocation Choice:				
List Activities and Offices Held In Scho				
Volunteer and Service Activities Outsid				
Name of Parents or Guardians:				
Occupation:		Phone	e Number:	
Number in Family Not Self-Supporting:				
Official currently holding that title and n	ame two official (•	RESPONSIBILITIES	office per State Statute
Assessor:	1.			
`lark·				
Clerk:				
Clerk Of	۷			
	4			
District Court:				
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Na manufa a la manua.	4			
Commissioners:	1			
	Z			
				
				
				
`aranari	4			
Coroner:				
	2			

Sheriff: 1 2	
Treasurer: 1.	
First Time Applicant or Renewal College Attended:	GPA:
Signature	Date
Last 4 digits of Applicant's Social Security Number:	

Please return this application to the Commissioner's office with a letter(s) of recommendation and a copy of your transcript. Application must be postmarked or returned to our office no later than April 1.

Note: Wyoming statute section 21-17-105, 1977 which regulates this Scholarship Program.