

Laramie County 4-H SCHOLARSHIP

ELIGIBILIT Applicant n	Y: nust be a current Wyoming 4-H member in gra	ades 7-12
SELECTIO Scholarship	N: os to be awarded to worthy and deserving you 2 years in a Wyoming 4-H Program. Recomm	th who have you the
Requi	ired Attachments:	
	 Essay about the reasons for wanting to your 4-H travel experience will benefit endeavors of study and will benefit oth Wyoming 4-H. Two letters of recommendation: One from the following: Teache One from your: 4-H Club, Commendation 	t you in your future ner members of r or School Counselor
Applicant's	Signature	Dota - Marie -
		Date
Parent's Sig	nature	Date
Laramie Co	unty 4-H Extension Educator Signature	Date

4-H SCHOLARSHIP

Due in Laramie County 4-H Office at least 1 month prior to beginning of chosen trip.

Chance Seivley Memorial Scholarship

PERSONAL DATA

Full Name:					
	First Middle	Last			
Birth date:	Age:				
Mailing Address: Home Phone	Street, Rt., or Box Alt. Phone	City/ Town	State	Zip	
Father:					
Phone	Street, Rt., or Box (if different from above)	City/ Town	State	Zip	
Mother:					
Phone	Street, Rt., or Box (if different from above)	City/ Town	State	Zip	
Name of Paren	t or Guardian if other than above:	er beratte			