

WYOMING WEED & PEST EMPLOYEES ASSOCIATION SCHOLARSHIP

FULL NAME: _____
ADDRESS: _____ CITY: _____
STATE: _____ ZIP CODE: _____
DATE OF BIRTH: _____ Email _____

HIGH SCHOOL ATTENDED: _____ YR OF GRADUATION: _____

COMPLETE THE FOLLOWING SCORES IF APPLICABLE:

ACT _____ SAT _____ GPA _____
CLASS RANK _____ OUT OF _____

PARENT OR GUARDIAN: _____

DESCRIBE YOUR RELATIONSHIP TO THE WEED & PEST EMPLOYEE THAT QUALIFIES YOU TO APPLY FOR THIS SCHOLARSHIP AND THAT EMPLOYEES APPROXIMATE NUMBER OF DUES PAYING MEMBERSHIP WITH THE ASSOCIATION.

SCHOOL YOU PLAN TO ATTEND: _____

MAJOR: _____

ARE YOU A PREVIOUS RECIPIENT OF THIS SCHOLARSHIP? _____ YR _____

Enclose your most recent academic transcript whether it be from high school, college, university or trade school.

Enclose one letter of reference from a teacher, counselor or employer and one character reference from someone not related to you who has known you for a minimum of three (3) years.

Enclose a short essay outlining your high school, college and community activities; your employment history; and future career goals. List information that you feel will aid the selection committee in making a fair evaluation of your qualifications including a brief statement describing your need for the scholarship.

APPLICANT'S SIGNATURE _____ DATE _____

Submit application by **MARCH 1st** to the Scholarship Selection Committee.

The scholarship will be awarded without regard to race, creed, gender or age. Please send completed application to:

Scholarship Committee
Wyoming Weed & Pest Control Districts
Park County Weed & Pest Control
P.O. Box 626
Powell, WY 82435