



Please mail completed form to:

Maia Farrens

305 Sparrow Dr

Evanston, WY 82930

APPLICANT CONTACT INFORMATION	
Applicant's First and Last Name	Parent or Guardian's First and Last Name
Applicant's Age _____	Parent or Guardian's Address (if different)
Applicant's Birthday / /	
Applicant's Address	Parent or Guardian's Email
Applicant's Phone Number	Parent or Guardian's Phone Number (if different)
HOUSEHOLD/FAMILY STATUS	
Married____ Single____	
Number in Household: Adults_____ Children (under 18)_____	
EMPLOYMENT AND INCOME STATUS	
Please list all types of income in the household	
Income Source	Amount per Month
ADDITIONAL INFORMATION	
Program/Activity Requested_____	
Please provide any additional information concerning the scholarship request, including why participation is desired, exceptions, special circumstances, medical conditions, etc.	
DECLARATION	
I hereby state that the information provided in this application is true and correct. I understand participants may be withdrawn from the program and become ineligible for future scholarships due to failure to attend. I will abide by the requirements of the Scholarship Agreement.	
Signature	Date
OFFICE USE ONLY	
Reviewed By	Date
Amount Received	Approved By
Program/Activity	Date