



SON/DAUGHTER OF A WIAAA MEMBER – SCHOLARSHIP APPLICATION

Applications must be Post Marked No Later than April 15, 2019

Name _____ Male _____ Female _____

Parent/Guardian _____

Mailing Address _____ City _____ Zip _____

Phone Number _____ Date of Birth _____ SSN _____

Name of High School _____

High School G.P.A. _____ ACT Score _____ SAT Score _____

List sports participated in and number of varsity letters earned _____

List Academic honors that you have received _____

List service to your community that you have participated in _____

List service to the WIAAA by your member parent _____

School you plan to attend _____

Attach * ONE typewritten page describing your goals, including any additional information that may be helpful.
 * ONE letter of recommendation from any of your high school coaches or teachers

Applicant's Signature _____ Date _____

Nominating WIAAA Member's Signature _____ Date _____

SEND TO:

**LARRY YERADI
PO BOX 490
WRIGHT, WY 82722**

OR email:

lyeradi@ccsd.k12.wy.us