

WYOMING STATE LEGISLATIVE BOARD SCHOLARSHIP

THE BROTHERHOOD OF LOCOMOTIVE
ENGINEERS AND TRAINMEN



SCHOLARSHIP AMOUNT

THE WYSLB SHALL AWARD ANNUALLY EITHER TWO (2) \$1000.00 SCHOLARSHIPS OR, IN THE EVENT OF A SINGLE APPLICANT, ONE (1) \$1000.00 SCHOLARSHIP.

ELIGIBILITY

APPLICANT MUST BE IMMEDIATE FAMILY OR A CHILD OF A BLET MEMBER FROM A DIVISION WITHIN THE STATE OF WYOMING. BLET MEMBER MUST BE OF GOOD STANDING BY HAVING AT LEAST TWO (2) YEARS OF MEMBERSHIP AND BE CURRENT ON MEMBERSHIP DUES WITHIN THEIR OWN DIVISION.

APPLICANT MUST HAVE APPLIED AND BEEN ACCEPTED BY AN ACCREDITED COLLEGE OR UNIVERSITY FOR ADMISSION.

REQUIREMENTS

CURRENT OFFICIAL TRANSCRIPTS, SAT and/or ACT SCORES AND TWO (2) LETTERS OF RECOMMENDATION MUST BE SUBMITTED WITH YOUR APPLICATION.

ATTACH A SEPERATE SHEET WITH A BRIEF ESSAY ABOUT YOURSELF AND WHY YOU ARE APPLYING FOR THIS SCHOLARSHIP. INCLUDE INTERESTS, ACTIVITIES, ORGANIZATIONS YOU ARE ACTIVE IN AND ANY OFFICES HELD.

**APPLICATION MUST BE COMPLETED IN FULL AND RETURNED TO THE WYSLB
SCHOLARSHIP COMMITTEE BY JUNE 1 OF CURRENT YEAR.**

**MAIL COMPLETED APPLICATIONS AND ALL REQUIRED DOCUMENTS TO:
WYSLB SCHOLARSHIP COMMITTEE
TERRY COOKE
VICE CHAIRMAN
1463 TURQUOISE ROAD
CHEYENNE, WY 82009**

THIS SECTION FILLED OUT BY APPLICANT

FULL NAME: _____

ADDRESS: _____

PHONE: _____ - _____ - _____

DOB: _____ / _____ / _____

YEAR GRADUATED FROM HIGH SCHOOL: _____

IF A GRADUATING SENIOR- NAME OF HIGH SCHOOL: _____

CITY AND STATE: _____

ACT SCORE: _____ SAT SCORE: _____ CLASS RANKING: _____ out of _____

CUMULATION GPA: _____

IF A RETURNING STUDENT- NAME OF LATEST COLLEGE/UNIVERSITY AND DATE OF TERM ATTENDED: _____

CITY AND STATE: _____

LAST TERMS GPA: _____

COLLEGE/UNIVERSITY APPLIED TO AND ACCEPTED BY: _____

COURSE OF STUDY PURSUING: _____

SCHOLARSHIPS APPLIED FOR AND RECEIVED: _____ (AMOUNT)

APPROXIMATE COST PER YEAR:

TUITION: \$ _____ ROOM/BOARD: \$ _____

THIS SECTION FILLED OUT BY WYSLB BLET MEMBER

TO THE BEST OF MY KNOWLEDGE THE ABOVE INFORMATION IS CURRENT AND ACCURATE.

FULL NAME: _____

ADDRESS: _____

RELATIONSHIP TO APPLICANT: _____

SIGNATURE: _____ DATE: _____

THIS SECTION FILLED OUT BY WYOMING DIVISION SECRETARY-TREASURER

THE ABOVE IS A CURRENT MEMBER OF WYSLB BLET DIV. # _____ AND OUR
DIVISION IS CURRENT WITH WYSLB DUES.

DIV. SEC./TREAS. SIGNATURE: _____ DATE: _____