



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

IF YOU ARE APPLYING AS A GRADUATING HIGH SCHOOL STUDENT-

CURRENT OFFICIAL TRANSCRIPTS, SAT and/or ACT SCORES, TWO (2) LETTERS OF RECOMMENDATION AND A BRIEF ESSAY ABOUT YOURSELF DETAILING WHY YOU ARE APPLYING FOR THIS SCHOLARSHIP. INCLUDE INTERESTS, ACTIVITIES, ORGANIZATIONS YOU ARE ACTIVE IN AND ANY OFFICES HELD.

IF YOU ARE APPLYING AS A COLLEGE OR UNIVERSITY STUDENT-

CURRENT OFFICIAL TRANSCRIPTS AND A BRIEF ESSAY ABOUT YOURSELF DETAILING WHY YOU ARE APPLYING FOR THIS SCHOLARSHIP. INCLUDE INTERESTS, ACTIVITIES, ORGANIZATIONS YOU ARE ACTIVE IN AND ANY OFFICES HELD.

IF YOU ARE APPLYING AS A NON-TRADITIONAL STUDENT-

CURRENT OFFICIAL TRANSCRIPTS (IF AVAILABLE) AND A BRIEF ESSAY ABOUT YOURSELF DETAILING WHY YOU ARE APPLYING FOR THIS SCHOLARSHIP. INCLUDE INTERESTS, ACTIVITIES, ORGANIZATIONS YOU ARE ACTIVE IN AND ANY OFFICES HELD.

APPLICATION MUST BE RETURNED TO THE WYSLB SCHOLARSHIP COMMITTEE BY JUNE 1 OF CURRENT YEAR.

MAIL COMPLETED APPLICATIONS AND ALL REQUIRED DOCUMENTS TO:
WYSLB SCHOLARSHIP COMMITTEE

George Johnson
Leg. Rep. Division 207
3601 Garden Creek Rd.
Casper, WY 82601

THIS SECTION FILLED OUT BY APPLICANT

FULL NAME: _____
ADDRESS: _____

PHONE: _____ - _____ - _____ DOB: _____ / _____ / _____
EMAIL ADDRESS _____

IF A GRADUATING SENIOR-

NAME OF HIGH SCHOOL: _____
CITY AND STATE: _____
ACT SCORE: _____ SAT SCORE: _____ YEAR GRADUATED FROM HIGH SCHOOL: _____
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

FULL NAME: _____
RELATIONSHIP TO APPLICANT: _____
SIGNATURE: _____ DATE: _____

THIS SECTION IS TO BE FILLED OUT BY THE LOCAL 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: _____