

# WHPA SCHOLARSHIP APPLICATION

This is the online version of the application for the WHPA Scholarship. If you would prefer to type your application by hand, paper copies are available from your local Patrol Association Representative. Anyone who meets the following guidelines is encouraged to apply. Scholarships shall be issued based upon the following guidelines, in descending order of priority:

1. Dependents of WHPA members, WHP retirees, or former WHP members who are retired due to disability and who are entering studies on a full-time basis.
2. To any member of the WHPA whom is entering studies in an institution of higher learning. However, the amount allocated in this category shall not exceed the total cost of the tuition, and shall be reduced by the amount of possible tuition refund available through the WYDOT tuition refund program.
3. Dependents of WHP employees who are entering studies on a full-time basis.

The WHPA shall issue a minimum of two \$1000 scholastic scholarships during each calendar year. Final determination shall be made by the Scholarship Committee based upon the above guidelines and other information the Committee deems relevant. Academic performance will be considered first in awarding all scholarships.

**THIS AWARD MAY BE USED AT THE COLLEGE OR UNIVERSITY OF YOUR CHOICE. EVERY APPLICATION SHALL CONTAIN THE FOLLOWING INFORMATION, OR IT WILL NOT BE CONSIDERED.**

- I. Transcript of last semester of education (either college or high school).
- II. Completed application form.
- III. Updated activity sheet. This may include, on a separate sheet of paper, all activities the applicant wishes the Committee to consider.

**Deadline: April 1 - At Midnight:** Any application postmarked after this date will not be considered.

## **RETURN THIS APPLICATION TO:**

PO Box 2134  
Cheyenne, WY 82003  
Attn: Jennifer Marshall

# WHPA SCHOLARSHIP APPLICATION

(must be typed)

**WHPA Sponsor:**

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## Your Information:

**Name:**

First

MI

Last

**Age:**

**SS#:**

**Marital Status:**

**Address:**

Street or PO Box

City

State

Zip

**Phone Number:**

**With Whom Do You Live?**

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## Father's Information:

**Name:**

First

MI

Last

**Address:**

Street or PO Box

City

State

Zip

**Phone Numbers:**

Home

Work

**Name of Employer:**

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## Mother's Information:

**Name:**

First

MI

Last

**Address:**

Street or PO Box

City

State

Zip

**Phone Numbers:**

Home

Work

**Name of Employer:**

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**Number of Brothers and Sisters:**

**How Many Attend College?**

**Colleges Being Considered (or Attending):**

1.

2.

3.

**Career Choices:**

1.

2.

**Other Pertinent information:**