GEAR UP WYOMING

Central Wyoming College

Central Wyoming College
GEAR UP Wyoming
Scholarship Application

First Name: _____

Middle Name: _____

Last Name: _____

Nickname: _____

Street Address: _____

P.O. Box (if applicable): _____

City: _____

Zip Code: _____

Student Phone Number: _____

Parent Phone Number: _____

Student personal email: _____

Birthdate: _____

Name of Your "Local" College: _____

High School: _____

Graduation Date: _____

Degree Seeking: _____

I will be living on CWC Campus: Yes _____ No _____

ACT Scores: _____

Cumulative GPA: _____

Date Completed FAFSA: _____

Selected for FAFSA Verification: Yes _____ No _____

Signature: _____

Date: _____

Mail Application to:

Central Wyoming College
GEAR UP Wyoming-Tami Shultz
2660 Peck Ave.
Riverton WY 82501