

WASHINGTON YOUTH ACADEMY FOUNDATION

Financial Assistance Program

PURPOSE: CONTINUING EDUCATION and EMPLOYMENT RELATED ASSISTANCE

DEADLINES - One month prior to start date.

WHAT YOU CAN EXPECT

1. An e-mail from a Board member confirming receipt of your application.
2. An e-mail confirming your application is in process. We will confirm with Academy staff that you have met your obligations for the Post-Residential Phase and Cadet Action Plan, if applicable.
3. An e-mail confirming the results of your application (normally within two weeks of your application being processed).

WHO CAN APPLY?

1. Residential or Post-Residential cadets who are High School graduates (or GED) in good standing -- meeting the standards of Residential or Post-Residential criteria as verified by the WYA staff.
2. ChalleNGe graduates (out of Program) who are High School graduates (or GED) and continue to meet ChalleNGe standards as verified by the WYA staff.
3. Other similar programs may be considered, to include Pre-Employment requirements.

NOTE: Previous Applicants in good standing in their continuing education and/or employment programs may continue to apply using the PREVIOUS AWARDEE APPLICATION.

APPLICATION CHECKLIST

- Completed Application (attached) and signature
- Copy of your High School diploma or GED certificate
- Letter of acceptance from the school or employer
- Letter from you explaining your goals and plans (see page 3)
- Letters of recommendation from your mentor, cadre, case manager, your school or employer or other non-family adult (you can have up to three letters)
- Signed Release of Information Form
- (Optional) RPM/Academy Staff comments - attach

INCOMPLETE Application Packets WILL NOT BE CONSIDERED

By signing below, you are confirming the attached application is COMPLETE and ready to forward to the Washington Youth Academy Foundation Scholarship Committee for review and final award determination.

Applicant

Date

If completing on-line by initialing this box you are electronically signing

Foundation Board Members

Joe Huden
Board Chair

Michael McBreen
Vice Chair

Curt Pintler
Secretary

Morgan Barney
Treasurer

Jim Peterson
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Greg Allen
Member

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The goal of the Washington Youth Academy Foundation is to help as many cadets as possible. The WYA Foundation, along with Academy Staff, use an approach based on cadet's needs and available financial assistance funds when making a final determination

Cadet Information:

Name: _____

Last, First, MI

Mailing Address: _____

Apt #: _____

City, State, Zip Code

Telephone/Cell: (____) _____

E-mail: _____

Date of Birth: _____

WYA Graduation Date: _____

Check what Program phase you are in: Post Residential phase Out of Program

Are you in Good standing based on the Program requirements? Yes: No:

Check what applies to you: 4-year College or University 2-year Community or Junior College

Vocational or Technical School Job Training/Supplies/Equipment

Apprenticeship or Internship Expenses Other related Support

NAME of the School, Training Program or Company you've applied to:

SCHOOL DEADLINE DATES: Registration: _____

Payment of Funds: _____

Have you been ACCEPTED by the School or Company you've applied to? Yes No

IF YES, what is your expected START DATE? _____

Month/ Day/Year

School, Training Program or Company Information:

Provide CONTACT INFORMATION for the School, Training Program or Company:

Person's Name: _____

Title: _____

Telephone: (____) _____

Email: _____

Mailing Address: _____

Pay to the Order of: _____

(WYAF Treasurer will coordinate payment for job-related support items)



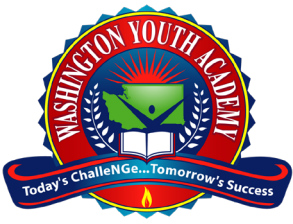
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Financial Support Requested: Describe in detail the TYPE OF SUPPORT you're requesting; i.e. tuition, tools, books, clothing, fees, etc. and the amount of your request:

Tell us about you. (NOTE: this section supports your application, be as detailed as possible) High School (what was your GPA, any awards, extra-curricular activities, when did you graduate). Questions to answer (describe your experience at the Academy and its impact on you; what have you been doing since leaving the Academy; describe your goals and plans for continuing your education or employment)



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RELEASE OF INFORMATION FORM

To Whom It May Concern:

Information requested will be confined to basic information required by the Washington Youth Academy Foundation for awarding scholarships, employment and educational assistance and statistical purposes. In some cases, this information is necessary to determine eligibility for the release of scholarship money and incentives from the program to the graduate.

Information requested may include:

- **School:** Date of enrollment, attendance, total credit hours, area of study, date exited, student identification (ID) number.
- **Employment:** Current and past employment status, date of hire, hours worked weekly, hourly wage, job description (duties), name of supervisor and phone number, date of termination or quit, rehire status.
- Applications typically do not require Driver's License numbers or Social Security numbers, but we may inquire based on requests that may ask for that information.

I _____ *(Print-students Full Name)*
hereby authorize the release of my employment, education, and related information to the Washington Youth Academy Foundation. This release is applicable during the Residential, Post-Residential Phase, and in some cases future dates while in education programs.

Failure to release this information may result in the application being returned without action.

Applicant Signature

Date

If completing on-line by initialing this box you are electronically signing

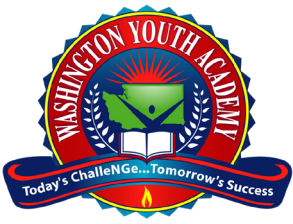
Parent Signature

Date

(If applicant is currently under the age of 18 years old)

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Requestor's Address:
Washington Youth Academy Foundation
Attn: Scholarship Program Committee.
1207 Carver St W, Bremerton, Washington 98312



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PLEASE SUBMIT YOUR APPLICATION BY E-MAIL FOR FASTEST ACTION:

**Submit by e-mail to:
wyaf-financial-assist@outlook.com**

Or Submit by mail to (*mailing may delay your decision*):
Washington Youth Academy Foundation
Attn: Scholarship Program Committee
1207 Carver St W
Bremerton, Washington 98312

IF you have ANY questions about this application, please contact your Case Manager at the Washington Youth Academy or e-mail chair@wyafoundation.org.

THANK YOU for working toward YOUR FUTURE!