



# WASHINGTON YOUTH ACADEMY FOUNDATION

## Financial Assistance Program

**PURPOSE: LEANDRO JASSO SCHOLARSHIP FOR LEADERS**

**DEADLINES – At least one month prior to funding need**

### LEANDRO JASSO SERVANT LEADER SCHOLARSHIP

Applicants demonstrating leadership outlined in Washington Youth Academy Foundation Procedure #17 may apply. The scholarship applies to cadets in post-high school education. You may apply every quarter or semester while in school.

#### 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).

#### APPLICATION CHECKLIST

- Completed application (Sections 1 through 4)
- Copy of your most recent school transcript, if applicable (explain in section 4)
- (Encouraged) Academy staff recommendation
- (Encouraged) Letters of recommendation from your Mentor, your school or other person who can support your leadership qualities (you can have up to three letters)

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**

#### **Foundation Board Members**

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*Governor  
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Norm Dicks*

*Major General  
Timothy J.  
Lowenberg*



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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.

### **Section 1 Cadet Information:**

Name: \_\_\_\_\_

(Last, First, Middle Initial)

Mailing address (Street or PO Box): \_\_\_\_\_

Apt #: \_\_\_\_\_ City, State, Zip Code \_\_\_\_\_

E-mail address: \_\_\_\_\_ Phone #: \_\_\_\_\_

WYA class cycle/ graduation date: \_\_\_\_\_

### **Section 2 School Information:**

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

Vocational School  Technical School  Other (explain): \_\_\_\_\_

Name of school: \_\_\_\_\_

Your student ID Number: \_\_\_\_\_

School financial aid contact name: \_\_\_\_\_

School contact e-mail: \_\_\_\_\_

School contact phone number: \_\_\_\_\_

Deadline dates: Registration \_\_\_\_\_ Payment of funds: \_\_\_\_\_

### **Section 3 Financial Support Requested:**

Describe in detail the type of support you are requesting, i.e. tuition, books, fees, etc. Be sure to include the amount you are requesting.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Amount requested: \$ \_\_\_\_\_

You may apply for this scholarship along with other scholarship funds. This application is specific to the Leandro Jasso Servant Leader Scholarship. See the website for the continuing education scholarship application ([www.wyafoundation.org](http://www.wyafoundation.org))





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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

\_\_\_\_\_  
Parent Signature  
(If applicant is currently under the age of 18 yrs old)

\_\_\_\_\_  
Date

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 the Washington Youth Academy Foundation by e-mail [chair@wyafoundation.org](mailto:chair@wyafoundation.org).**

**THANK YOU for working toward YOUR FUTURE!**