

Financial Assistance Program

PURPOSE: LEANDRO JASSO SCHOLARSHIP FOR LEADERS

<u>DEADLINES</u> – 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
If completing on-line by	initialing this box you are electronically signing

Foundation Board Members

Michael McBreen Board Chair

Tammy Neese Vice Chair

Curt Pintler Secretary

Morgan Barney Treasurer Joe Huden

Chair Emeritus

Greg Allen Member

Heather Kean Member

Jim Peterson Member

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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 scholarsh	pip funds. This application is specific to the Leandro			
Jasso Servant Leader Scholarship. See the website for the continuing education scholarship application				
(www.wyafoundation.org)				



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Section 4 Personal Story:
Minimum 200 words. Tell us about you. Describe how you have demonstrated leadership (review Washington Youth Academy Foundation Procedure #17 on the Foundation website www.wyafoundation.org). What is your current GPA, any awards, extra-curricular activities,
community service and classes taken? Describe your goals and plans forcontinuing your education.



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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 may ask for that information.

I	(Print-students Full Name) hereby authorize the		
elease of my employment, education, and related information to the Washington Youth Academy			
Foundation. This release is applicable during t	he Residential, Post-Residential Phase, and in some cases		
future dates while in education programs.			
Failure to release this information may result i	n the application being returned without action.		
Applicant Signature	Date		
Parent Signature	 Date		
(If applicant is currently under the age of 18 yr	rs old)		
If completing on-line by initialing the	nis box you are electronically signing		
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.

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

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