



WASHINGTON YOUTH ACADEMY FOUNDATION

Financial Assistance Program

PURPOSE: CONTINUING EDUCATION RELATED ASSISTANCE PREVIOUS AWARDEE

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: _____

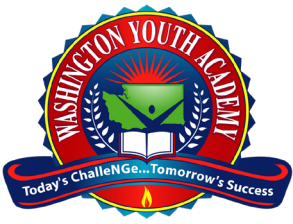
Section 2 School Information:

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: \$_____



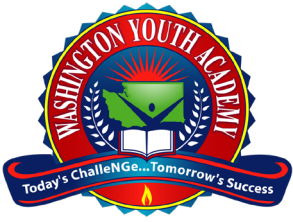
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Section 4 Personal Story:

Minimum 200 words. Tell us about you. What is your current GPA, any awards, extra-curricular activities, community service and classes taken? Describe your goals and plans for continuing your education. Add any information to help the committee make an informed decision.



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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!