



WASHINGTON YOUTH ACADEMY FOUNDATION

Financial Assistance Program

PURPOSE: DRIVERS EDUCATION Checklist & Application

DEADLINES – At least one month prior to funding need.

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 require drivers training that supports your Cadet Action Plan with a financial need.
2. ChalleNGe graduates (out of program) who require drivers training that meets education or employment requirements with a financial need.
3. NOTE: There is a limit of \$200. Funds do not cover driver's tests or insurance.

APPLICATION CHECKLIST

- Completed Application (Sections 1 through 4)
- Drivers School Registration Form
- Reference Letter (from your Mentor)
- Signed Release of Information Form

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 Signature

Date

Foundation Board Members

*Michael McBreen
Board Chair*

*Tammy Neese
Vice Chair*

*Curt Pintler
Secretary*

*Morgan Barney
Treasurer*

*Joe Huden
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Timothy J.
Lowenberg*



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The goal of the Washington Youth Academy Foundation is to help as many Cadets as possible. There are limited funds available per class cycle; the WYA Foundation, along with Academy Staff, uses an approach based on Cadet's needs and available scholarship funds when making a final determination.

Section 1 Cadet Information:

Name: _____ WYA Class Cycle: _____

(Last, First, Middle Initial)

Home mailing address (Street or PO Box): _____

Apt #: _____ City, State and Zip _____

E-mail address: _____ Phone Number: _____

Mentor Name: _____

Mentor E-mail address: _____ Phone Number: _____

Section 2 Driving School Information:

Driving school name: _____

Driving school location: _____

Driving school contact name: _____

Driving school contact phone: _____

Driving school contact e-mail: _____

Section 3 Course Information: NOTE: Scholarships are limited to \$200.

Total cost for the course: \$ _____ Total amount needed: \$ _____

Course registration deadline date: _____



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Section 4 Questions:

Please answer the following questions. Complete each question with a detailed response.

1. Why do you need a scholarship (financial assistance) for drivers training? (Minimum 200 words)

2. Describe how drivers training meets your Cadet Action Plan goals (must be education or job related). (Minimum 200 words)

3. You must include a letter from your Mentor supporting your need for drivers training.

4. I have already registered with the Department of Licensing Yes No If No, I will register by _____ (date)

5. How do you intend to earn the additional funds needed to attend drivers training?

Please be SURE your Drivers School Registration Form is complete and attached along with your answers to the questions above

Applicant Signature

Date



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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



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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