

WASHINGTON YOUTH ACADEMY FOUNDATION

Financial Assistance Program

PURPOSE: EMPLOYMENT RELATED ASSISTANCE PREVIOUS AWARDEE

DEADLINES – At least one month prior to funding need

PREVIOUS AWARDEE APPLICATION

Previous applicants in good standing in their continuing education programs may apply. You may apply every quarter or semester while in school.

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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)
- Optional) Academy staff recommendation
- (Optional) Letters of recommendation from your mentor, your employer or other non-family adult (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



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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 Training/Employment Information:

Check what applies: Job training Employment supplies or equipment

Apprenticeship expenses Internship expenses Other (explain): _____

Name of training program or employer: _____

Your training/employment ID Number (if applicable): _____

Training or company contact name: _____

Contact e-mail: _____

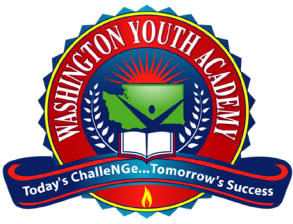
Contact phone number: _____

Have you been accepted for training or employment? Yes No

What is your start date? _____

Section 3 Financial Support Requested:

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



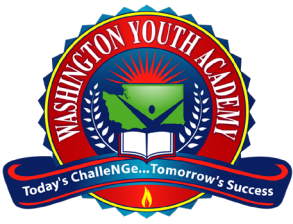
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Section 4 Personal Story:

Minimum 200 words. Tell us about you. What is are you doing now, any awards, extra-curricular activities, community service and classes taken. Describe your goals and plans for continuing your training/employment. 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!