



WASHINGTON YOUTH ACADEMY FOUNDATION

Scholarship Program

PURPOSE: HIGH SCHOOL CREDIT RETRIEVAL and SUMMER SCHOOL ASSISTANCE

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 are not yet High School graduates who are in good standing -- meeting the standards of Residential or Post-Residential criteria as verified by the WYA.
2. ChalleNGe Graduates (out of program) who are not High School graduates but continue to meet ChalleNGe standards as verified by the WYA.
3. Cadets enrolled in: (one or more of the following programs)
 - a. Alternative Education
 - b. On-Line Learning – Internet based
 - c. Distance Learning
 - d. Community College-sponsored High School completion program
 - e. Vocational Training Programs such as Skills Center
 - f. Other similar programs may be considered
4. Previous Applicants in good standing may continue to apply

APPLICATION CHECKLIST

- Completed Application**
- School Registration Form**
- ALL signatures and Parent/Guardian Verification**
- Reference Letter (non-family member)**
- Mentor Contact information**
- Signed Release of Information Form**
- (Optional) RPM/Academy Staff comments**

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
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*Heather Kean
Member*

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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. The WYA Foundation, along with Academy Staff, use an approach based on Cadet's needs and available scholarship funds when making a final determination.

Cadet Information:

Name:

Class Cycle #:

High School Grade Level (Check One): 11TH 12TH Other (list)

Cadet Mailing Address:

Apt #:

(Street or PO Box)

(City, State and Zip Code)

Cadet E-mail Address:

Phone Contact: ()

Mentor Name:

Mentor Email Address:

School Information:

School Program Name: Summer School High School Credit Retrieval

Registration Payable To:

Registration Mailing Address:

School Program Coordinator: Name

Contact: Phone Number

Email

Course Information: Course Requested: Please CHECK your graduation required classes needed

Math English Science Social Studies Health/Fitness Occupational

Visual/Performing Arts State Preparatory for HSPE Other:

Attending Course Format: HOW will you attend? (Check One): Campus On-Line

Number of Courses:

Cost Per Course: \$

TOTAL Funding Request Amount: \$

Course Registration Deadline Date:

SEE PAGE 4 FOR ADDITIONAL REQUIREMENTS



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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

If completing on-line by initialing this box you are electronically signing

Parent Signature

Date

(If applicant is currently under the age of 18 years old)

If completing on-line by initialing this 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 answer the following questions. Complete each question with a detailed response.

- 1. Why do you need a scholarship (financial assistance) for summer school or credit retrieval?**
- 2. Write out a detailed plan on how you will successfully complete the summer school or credit retrieval session addressing transportation, study habits, time management, etc.**
- 3. How will attending summer school or credit retrieval help you with your Post-Residential plans?**
- 4. Do you have access to any funds available that could be matched by the Washington Youth Academy Foundation to assist with this scholarship award?**
 Yes No

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

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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Verification / Acknowledgement by Parent or Legal Guardian is REQUIRED

Parent or Legal Guardian Name:

Signature: _____

If completing on-line by initialing this box you are electronically signing

Contact: Phone ()

Email

THANK YOU for working towards YOUR FUTURE!