



WASHINGTON YOUTH ACADEMY FOUNDATION

Scholarship Program

CREDIT RETRIEVAL and SUMMER SCHOOL ASSISTANCE Checklist & Application

DEADLINES - Completed Packets are due to the Foundation the Wednesday AFTER 2nd Home Pass (June/Dec)

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 eg Skills Center
 - f. Other similar programs may be considered
4. Previous Applicants in good standing may apply

APPLICATION CHECKLIST

- Completed 3 page Application (attached)
- Registration Form
- ALL signatures
- Reference Letter (non-family members)
- Essay - 300 word MINIMUM with 11 to 12 pt font
- Mentor Contact information
- Copy of your MOST RECENT Cadet Life Report
- Signed Release of Information Form
- RPM Coordinator or Designee review and signature
- Optional RPM/Academy Staff comments - attach

INCOMPLETE Application Packets WILL NOT BE CONSIDERED

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.

RPM Coordinator or Designee

Date

Applicant

Date

**Foundation
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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.

Cadet Information:

Name: _____ Class Cycle #: _____

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

Cadet Home Mailing Address: _____

Cadet E-mail Address: _____ Phone Contact: _____

Mentor Name: _____ Mentor Email Address: _____

Please Check IF APPLICABLE: Free or Reduced Meals State Medical Card

School Information:

Summer School Program Name: _____

Registration Payable To: _____

Registration Mailing Address: _____

Summer 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 NEEDED TO COMPLETE YOUR APPLICATION



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RELEASE OF INFORMATION FORM

To Whom It May Concern:

Information requested will be confined to basic information required by the National Guard Youth Challenge Program, and 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 Federal and State 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 the last 4 digits of the Social Security number.

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, and in some cases future dates while in education programs.

Failure to release this information will 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
Fax: (360) 473-2623
Phone: (360) 473-2611

Or Submit by e-mail to:
wyaf-financial-assist@outlook.com



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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?**

- 2. Write out a detailed plan on how you will successfully complete the summer school session addressing transportation, study habits, time management, etc.**

- 3. How will attending summer school help you with your Post-Residential plans?**

- 4. Do you have access to any funds availability that could be matched by the Washington Youth Academy Foundation to assist with this scholarship award?**

Yes

No

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

Date

Applicant Signature



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Verification / Acknowledgement by Parent or Legal Guardian is REQUIRED

Parent or Legal Guardian Name: _____

Signature: _____

Contact: Phone _____ Email _____

THANK YOU for working towards YOUR FUTURE!