

WAESS (formerly WAEOP) STUDENT SCHOLARSHIP

GUIDELINES FOR THE SCHOLARSHIP PROGRAM

The Wyoming Association of Educational Support Staff sponsors this scholarship award program. This program awards one Wyoming high school graduate and degree seeking student a scholarship in the amount of \$500.00 for the year which may be used to help pay for any expenses incurred at the college of his/her choice within the State of Wyoming.

1. THE SELECTION OF A RECIPIENT will be based on the following: (a) need for financial assistance (b) initiative (c) scholastic achievement and (d) quality and completeness of application materials. The scholarship is open to any student on the basis of qualifications. Preference may be given to a son/daughter of a WAESS member (in good standing) if he/she meets the eligibility requirements.
2. TO QUALIFY a candidate must: (a) be a graduating high school senior (b) have maintained a "C" (2.0) average or better in high school (c) plans to enroll at a college or university in Wyoming as a full time student during the term following the awarding of the scholarship (d) be a resident of Wyoming as well as a citizen of the United States.
3. TO APPLY a candidate must submit the following: (a) completed application form (b) a one-page essay about his/herself and why he/she is pursuing a college degree (c) a letter of recommendation from an adult, other than a family member, who knows the applicant and his/her qualifications and (d) an official transcript with current class rank and GPA.
4. RETURN ALL ITEMS listed in Section 3 to the Scholarship Committee Chairman **POSTMARKED NO LATER THAN March 30th**. Materials will not be returned.
5. THE WINNER WILL BE SELECTED by the Scholarship Committee by April 30th. The Scholarship Committee Chairman will notify the winner and respective high school. An alternate will be selected should the candidate chosen to receive the scholarship be unable to use it. The next highest rated applicant will be awarded the scholarship.
6. PAYMENT OF SCHOLARSHIP FUNDS: The Scholarship Committee Chairman will arrange disbursement of the scholarship funds directly to the winner before the fall semester registration begins.
7. MAXIMUM VALUE OF SCHOLARSHIP FUNDS: No more than one scholarship may be approved during any one school year with a maximum value of \$500.00, provided funds are available.
8. QUESTIONS should be directed to the Scholarship Committee below:

Annette Ambrosino, Chairman	Kelly Walsh High School, Casper	(307) 253-2042
Rose Hill	Dean Morgan Jr. High, Casper	(307) 797-4341 (cell)
Krystin Osterman	Midwest K-12	(307) 262-4448 (cell)
Brandi Miller	Sheridan Co. Dist. #1, Sheridan	(307) 655-9541 (cell)

WAESS STUDENT SCHOLARSHIP APPLICATION

1. Applicant's full name: _____

2. Street/mailling address: _____ City _____ Zip _____

3. Date of Birth: _____ Age: _____ Sex: _____ Phone: (307) _____

4. Name and address of high school you now attend: _____

5. High School Counselor: _____

6. Father/Guardian: _____

(Name) (Mailing Address) (City & State) (Phone #)

Father's Occupation: _____ Place of Employment: _____

7. Mother/Guardian: _____

(Name) (Mailing Address) (City & State) (Phone #)

Mother's Occupation: _____ Place of Employment: _____

8. Yearly family income (Circle one):

Under \$10,000	\$10,000 to \$12,000	\$12,500 to \$15,000	\$22,500 and over
\$15,000 to \$17, 500	\$17,500 to \$20,000	\$20,000 to \$22,500	

9. Number of children at home: _____ Number of children attending college: _____

10. Applicant's proposed program of study: _____

11. Are you employed? Yes _____ No _____ If yes, part-time _____ full-time _____

12. Place of employment: _____ Type of work: _____

13. List relatives who are members (in good standing) of WAESS and their relationship to you:

14. Please state the reason (s) why you need financial assistance to attend college: _____

15. Describe your extracurricular, volunteer, and work activities:

<u>Activity</u>	<u>Grade Levels</u>	<u>Hours</u>	<u>Weeks</u>	<u>Positions held, honors</u>
	<u>9, 10, 11, 12</u>	<u>per wk.</u>	<u>per yr.</u>	<u>won, letters earned</u>

16. List academic honors and scholarships won or have applied for. For both, include the date of the award and the monetary value, if applicable.

17. Use this space to provide additional information you feel would be of interest to the Scholarship Committee:

Please read and sign the honor statement.

CERTIFICATION

I hereby certify that the answers and statements contained in this application are true to the best of my knowledge. I also certify that this application, including any short answers and essays, is my own work. I understand that I may be disqualified from this scholarship award if any statements or documents have been intentionally fabricated.

Applicant's Signature

Date

Send application package to: Annette Ambrosino
Scholarship Committee Chairman
Kelly Walsh High School
3500 East 12th Street
Casper, WY 82609