

WYOMING ASSOCIATION OF BROADCASTERS

GRADUATING SENIOR SCHOLARSHIP

ELIGIBILITY

- Available to current high school graduating seniors who are children of full-time employees at a WAB member station.
- A high school senior, who upon graduation, will attend any post-secondary institution (vo-tech, two-year community college, four-year college or university (private or public, in/out of state).
- Major or field of study is not a determining factor.
- Applicant must have at least a 2.5 GPA to apply.
- Station General Manager must certify that applicant is a child of a full-time station employee. (In continuous full-time employment from at least June 1st of the previous year).
- Upon selection by the WAB Board of Directors, the recipient must respond by August 1st with an acceptance letter and thank you letter to the Board. If this requirement is not met by August 1st, the scholarship will be withdrawn.
- **Applications/Essays must be received by May 15th. No exceptions.**

SELECTION

- The WAB Board will review the applications and essays and respond to applicants by July 15th.
- All selections are final and not everyone is guaranteed a scholarship.
- Payment will be made to the post-secondary institution financial aid office. This information must be submitted to: lauragrott@gmail.com



SENIOR SCHOLARSHIPS

ANOTHER MEMBER BENEFIT

Please TYPE and SUBMIT Electronically to: lauragrott@gmail.com

Applicant's Full Name:

Social Security Number:

Address:

Telephone Number:

City:

State:

Zip:

E-mail:

Name of high school from which you will be graduating this spring:

Post-secondary school you will attend next fall:

List activities you have participated in (school, community, extracurricular, offices held, etc.) You may attach an extra page if, needed.

List honors and other accomplishments. You may attach an extra page, if needed.

GPA: (must be 2.5 or higher)

Essay

Please address the following:

- How have you benefitted from your parent being in the broadcast industry?
- What career do you plan to pursue, and why did you select it?
- In what activities have you participated in related to your career choice?
- What activity or affiliation have you found to be the most rewarding and why?

I certify the information on this application and attachments is true and correct to the best of my knowledge.

Applicant's Signature_____Date:

To Be Filled Out by Station/General Manager

Full-Time Employee Information

Parent :

Telephone Number:

Address:

City:

State:

Zip:

Employed full-time at which WAB member station?

For how long?

(Years/Months)

Station/General Manager Certification

I certify this applicant is the son or daughter or an employee who has been employed full-time at this station since last June 1st.

Name:

Station:

Signature:_____

Date:

Please submit this typed, completed application and essay to lauragrott@gmail.com no later than May 15th.