



WYOMING ASSOCIATION OF BROADCASTERS

Available to current High School Graduating Seniors who are children of full-time employees at WAB Member Stations

Who may apply?

*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 state or out-of-state) *Major or field of study is not a determining factor.

*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 at least since last June 1st).

Upon selection by the WAB Board of Directors, the recipient must respond by Aug. 1st with an acceptance letter and a thank you letter to the Board. If this requirement is not met by Aug. 1st, the scholarship will be withdrawn.

Return to WAB – Box 1387 – Cheyenne, WY 82003

Must be **postmarked by June 1.**

No exceptions to the deadline.

*Please attach the essay requested under the section titled "Essay".

WAB SCHOLARSHIP APPLICATION

Applicant's Name _____ Social Security Number _____

Address _____ Tel No (_____) _____ / _____

City _____ State _____ Zip _____ E-mail: _____

You will graduate this coming spring from which High School? _____

Post-secondary school you will attend next fall _____

Financial aid address for college attending _____

Name of applicant: _____

List school and community activities, clubs, and offices you have held: (May attach an extra page, if needed)

1. _____

2. _____

3. _____

4. _____

5. _____

List honors and other accomplishments: May submit an extra page, if needed.

1. _____

2. _____

3. _____

4. _____

5. _____

GPA: Must be 2.5 or higher: _____

Essay

Please submit essay addressing the following:

- *How have you benefited from your mother or father being in the broadcast business?
 - *What career do you plan to pursue, and why did you select it?
 - *In what activities have you participated related to your career choice?
 - *What activity or affiliation have you found to be the most rewarding and why?
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I certify the information on this application and attachments is true and correct to the best of my knowledge.

Applicant's Signature _____

To be filled out by employee and Station/General Manager

Full-time employee information

Parent _____ Tel No (_____) _____ / _____

Address _____ City _____ State _____ Zip _____

Employed full time at which WAB Member Station? _____ For how long _____ years/mos.

Station/General Manager Certification

I certify this applicant is the child of an employee who has been employed full time at this station since last July 1.

Name _____ / Station _____
(Please print) (Signature)

The Selection

The WAB Board will review the applications and essays and respond to applicants by July 15th. Payment will be made to the post-secondary institution financial aid office. YOU MUST PROVIDE THAT INFORMATION TO: Laura Grott, President – WAB – Box 1387 – Cheyenne, WY 82003 – (307) 632-7622 – lauragrott@gmail.com
All selections are final and not everyone is guaranteed a scholarship.