



# 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 - eligibility requirements for a WAB Scholarship**

\*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. 1<sup>st</sup> with an acceptance letter and a thank you letter to the Board. If this requirement is not met by Aug. 1<sup>st</sup>, the scholarship will be withdrawn.**

**Return to WAB – Box 1387 – Cheyenne, WY 82003**

**Must be postmarked by June 1. No exceptions to the deadline.**

\*Attach the essay requested under the section titled "Essay".

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## **APPLICANT**

PLEASE TYPE or PRINT LEGIBLY

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 aide address for college attending \_\_\_\_\_

Name of applicant: \_\_\_\_\_

List school and community activities and 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 son or daughter of an employee who has been employed full time at this station since last July 1.

Name \_\_\_\_\_ / Station \_\_\_\_\_  
(Please print) (Signature)

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**The Selection**

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