

Wyoming Association for Creative Youth
W.A.C.Y. SCHOLARSHIP APPLICATION FORM 2018-2019

Application must be received by **March 1, 2019 at 11:59pm MST.**

All WY DI participants are welcome and encouraged to apply!

Submit your application electronically to Meghan Kolf at meghan.kolf@gmail.com

Name (Last) (First) (Middle) _____
Home Address _____
Phone numbers Home: _____ School: _____
Grade in School (Check one) 12th ____ College ____
Name of School _____
Name of Local Newspaper _____ Phone Number _____
E-mail address _____

1. PROGRAM INVOLVEMENT

Number of years participating in Destination Imagination _____

A. List Problems and/or Challenges you have worked and/or are working on:

B. List other Destination Imagination involvement, e.g. tournament official, team manager, etc:

2. PERSONAL INFORMATION

What college/university/trade school/vocational certification program do you attend, or intend to attend? List preferences if more than one.

3. SUPPORTING INFORMATION

Applicants must provide the following.

A. Enclose two letters of endorsement. One must be from a team manager and the other may be from a person of your choice (e.g., school administrator/educator/guidance counselor, clergy, community leader, or teammate). Letters should be one page maximum (double spaced).

B. A "Picture" of You -- Varied Formats

We want to know about YOU and how Destination Imagination and creative problem solving has influenced your life and your outlook on tackling real-world "challenges".

Choose 1 of the formats below to convey this "picture".

- *Essay* -- must be typed double-spaced or hand printed & limited to two pages.)
- *Story* -- must be typed double-spaced or hand printed & limited to two pages.)
- *Poem* -- must be typed double-spaced or hand printed & limited to two pages.)

- Original Song with Lyrics- must be submitted in electronic format
- *Visual presentation* -PowerPoint (no DI presentations, please)
- *Other*—this could include various kinds of artwork

4. CONSENT

Applicants must sign the following. It must be submitted on paper.

If I am a scholarship recipient, I agree to the use of my name and information contained in this application package for advertising and promotional purposes for the benefit of W.A.C.Y. without further compensation or notification. The information on this form and contained in the application package is true and correct to the best of my knowledge as evidenced by my signature.

Applicant's Signature

Parent/Guardian if under 18

Date