

THE CRAIG AND SUSAN THOMAS FOUNDATION

Inspiration Leadership Opportunity

Retrain to Gain Scholarship Program

Scholarship Criteria:

- Former Energy Worker
- Wyoming and U.S. Citizen
- Attending a Wyoming school or program

Students:

This new program, Retrain to Gain, is here to help Wyoming workers who have been laid-off from energy related jobs. We will help you retrain so you can make the transition to gain a new career and better life.

Whether you are seeking a degree or certification for a trade, apply for this scholarship. We will help you update certifications, learn a new skill or finish your degree.

Application postmark deadline is due May 1 for the fall 2017 semester. Scholarships are given a semester at a time and I am available to mentor you as you make the transition to gain a new career and better life.

We know you have many concerns about what comes next for you and your family. Please contact us and we will be happy to help you apply for our scholarship program.

My best,



Susan R. Thomas



THE CRAIG AND SUSAN THOMAS FOUNDATION

Inspiration Leadership Opportunity

Fall 2017 Semester

Retrain to Gain Scholarship Program Application

Print this form. Applicant must fill out form in black ink in his/her own handwriting. Application postmark deadline is May 1, 2017. Do not staple pages. Mail to P.O. Box 22246, Cheyenne, WY 82003

Is the school you plan to attend in Wyoming? _____ Are you a U.S. Citizen? _____
Are you a Wyoming Resident? _____

Complete this Application in its Entirety

HS Diploma (circle one)	Attended some college or trade school	Program certificate or college degree	Full Time Student Scholarship Application \$2000.	Part Time Student Scholarship Application \$1100.
Yes No	Yes No	Yes No		

Full Name: _____
First Middle Last

Mailing Address: _____
Street, Rt., or Box Town State Zip

Home phone: _____ Cell phone: _____ Other: _____

Birth date: _____ E-mail address: _____

Name of Nearest Relative NOT living with you: _____

Home phone: _____ Cell phone: _____ Work phone: _____
Relationship to You Street, Rt., or P.O. Box Town State Zip

Financial Information

Number of family members living at home (include yourself) : _____ Minor children's ages: _____
Number of family members that will be enrolled at least 1/2 time in college (include yourself): _____
Number of months you were employed during the past year: _____ List total wages, tips, etc: _____
Name of employer(s): _____ Job Description: _____

College Information

Name of Wyoming post-secondary school you plan to attend.
(If unknown, please list in order of preference the school to which you have applied).
Use official school names. Do not use abbreviations.

School Name City

School Name City

- 4 yr. College or University 2 yr. Community or Junior College
 Vocational-Technical School Other, explain _____

Major or course of Study _____ Expected Completion Date: Month ___ Year ___

Degree sought: Bachelor Associate Certificate Other _____

Name: _____

Two Letters
of Reference

Provide TWO letters of reference. Include these letters with your application.

References may be obtained from the following:

- Mentor, employer, former teacher, church or community leader – NOT a family member

The person who writes your reference must include his or her return address and contact information.

Applicant
Appraisal
(Required)

To the Applicant: This section is required and must be completed in the format provided. If incomplete, your application will not be evaluated. **This section is to be completed by an employer, mentor, former teacher, church or community leader – NOT a family member.**

To the Adult Appraiser: You have been asked to provide information in support of this applicant. Please give immediate and serious attention to the following statements. Please use black ink and return to the applicant when completed.

The applicant's choice of post-secondary educational program is:	<input type="checkbox"/> Extremely appropriate	<input type="checkbox"/> Very appropriate	<input type="checkbox"/> Moderately appropriate	<input type="checkbox"/> Inappropriate
The applicant's achievements reflect his/her ability:	<input type="checkbox"/> Extremely appropriate	<input type="checkbox"/> Very appropriate	<input type="checkbox"/> Moderately appropriate	<input type="checkbox"/> Inappropriate
The quality of the applicant's commitment to school and/or community is:	<input type="checkbox"/> Extremely appropriate	<input type="checkbox"/> Very appropriate	<input type="checkbox"/> Moderately appropriate	<input type="checkbox"/> Inappropriate
The applicant is able to seek, find and use learning resources:	<input type="checkbox"/> Extremely appropriate	<input type="checkbox"/> Very appropriate	<input type="checkbox"/> Moderately appropriate	<input type="checkbox"/> Inappropriate
The applicant demonstrates curiosity and initiative:	<input type="checkbox"/> Extremely appropriate	<input type="checkbox"/> Very appropriate	<input type="checkbox"/> Moderately appropriate	<input type="checkbox"/> Inappropriate
The applicant demonstrates good problem solving skills:	<input type="checkbox"/> Extremely appropriate	<input type="checkbox"/> Very appropriate	<input type="checkbox"/> Moderately appropriate	<input type="checkbox"/> Inappropriate
The applicant follows through:	<input type="checkbox"/> Extremely appropriate	<input type="checkbox"/> Very appropriate	<input type="checkbox"/> Moderately appropriate	<input type="checkbox"/> Inappropriate
The applicant completes tasks:	<input type="checkbox"/> Extremely appropriate	<input type="checkbox"/> Very appropriate	<input type="checkbox"/> Moderately appropriate	<input type="checkbox"/> Inappropriate
The applicant's respect for others:	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor

Comments: _____

Appraiser's Name: _____ Title: _____ Telephone: _____

Signature: _____ Date: _____

This scholarship is for workers who have lost their jobs because of lay-offs in the energy industry.

In this space, tell us about your previous employment and why you want to attend college or receive training now. Include your career objectives and long-term goals. Hand write the paper in black ink.

Application Checklist

The student is responsible for submitting all materials to the Foundation on time. Incomplete applications will not be evaluated. **This application becomes complete and valid only when the Foundation has received ALL of the following materials:**

- | | |
|---|--|
| <input type="checkbox"/> Student Application with completed Applicant Appraisal | <input type="checkbox"/> Student Paper |
| <input type="checkbox"/> Two Letters of Reference | <input type="checkbox"/> Complete High School and College (if any) Transcripts |

Certification

The Craig and Susan Thomas Foundation has the sole responsibility for selecting recipients. This application becomes the property of the Foundation.

I acknowledge decisions of the Craig and Susan Thomas Foundation are final. I certify that the information provided is complete and accurate to the best of my knowledge. If requested, I agree to provide proof of information I have given on this form. Falsification of information may result in termination of the scholarship.

Applicant's Signature:

Date: