

Couleecap

your local community *action* program

2016 JOHN YOUNG SCHOLARSHIP PROGRAM

In order for your application to be considered, please include all of the following materials:

- ✓ Completed application form—including the section to be filled out by your Principal or Guidance Counselor
- ✓ 500 word essay
- ✓ Media release form—signed by you and, if you are under 18, your parent or legal guardian
- ✓ Your senior photo for news releases and other promotional items

Applications must be received at the Couleecap Corporate office

at 201 Melby Street, Westby, Wisconsin 54667

no later than 4:30pm on Monday January 25, 2016.

You may email your application to Kadie.Brueggen@Couleecap.org

Couleecap's mission is to fight poverty and promote self-sufficiency, economic development and social justice. We are '*People Helping People*' and everyday our actions make a difference in the lives of people and families throughout the Coulee Region. Please write a 500 word essay addressing why you think it is important to fight poverty in our area. Also, please discuss what actions you have taken to improve *your* community. (Add additional sheets of paper if needed.)

Please send completed application form and essay to Couleecap, Inc. Attn: Kadie Brueggen, 201 Melby Street, Westby, WI 54667. Or, you may email your application to Kadie.Brueggen@Couleecap.org. For questions, call 608-634-3104. Applications must physically be in the Couleecap Corporate Office by 4:30 pm on January 25, 2016. **Applications received after January 25, 2016 will not be considered.**



Couleecap Consent/Release Form For News Media, Promotional Materials, Written Articles, Research and/or Photographs

I hereby authorize Couleecap, Inc. to use my photo and/or information related to my scholarship application and essay. I understand this information may be used in publications (including electronic publications), audiovisual presentations, promotional literature, advertising, community presentations, letters to area legislators and media and/or other similar ways.

My consent is freely given as a public service to Couleecap without expecting payment and I release Couleecap and its employees from any and all liability which might arise from the use of such news media stories, promotional materials, written articles, videotape and/or photographs.

Please print or type:

Name: _____

Address: _____

City, State: _____ Zip Code: _____

Telephone: _____

E-mail Address: _____

Signature: _____ Date: _____

Signature: _____ Date: _____

(Parent or legal guardian)

Couleecap, Inc. also requires the signature of a parent or legal guardian if the applicant is younger than age 18.

