



Wyakin Foundation Application

The Wyakin Foundation offers services on an application-basis to veterans meeting the requirements of the program. The program is currently available to veterans enrolled in a post-secondary academic program in the Boise, ID area, and welcomes applicants that served on or after September 11, 2001 and have sustained a service-connected disability. Applicants at sites outside of the Boise, ID area are considered on a case-by-case basis. The program is not a source of scholarship funding.

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email _____

Birthdate: _____ Social Security No.: _____

Are you currently using your GI bill? YES NO
 If yes, how much have you used? _____

Are you using Vocational Rehab? YES NO
 How much? _____

Do you have any legal infractions? If you have a criminal record, please know that it will not disqualify you from the program. YES NO

If yes, explain: _____

Education

Tell us about where you are in your education plan

College: _____ Number of credits: _____

From: _____ To: _____ Did you graduate? YES NO
 Degree: _____

Other: _____ Number of credits: _____

From: _____ To: _____ Did you graduate? YES NO
 Degree: _____

References

You will need to have 3 letters of reference. These letters will need to be sent directly from the reference to George.nickel@wyakin.org

Military Record

Branch: _____

Start Date _____ End: _____ Type of Discharge: _____

Type of injury suffered in the line of duty: _____

Are you medically retired? _____

A copy of your DD214 and your VA disabilities fact sheet is required.

In this next section please list any employment you have had outside of the military.

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Our 6 Tenets

The Six Tenets of the Wyakin program are: MULTI-FACETED MENTORSHIP, PROFESSIONAL DEVELOPMENT, EDUCATIONAL/FINANCIAL ASSISTANCE, COMMUNITY IMPACT PROJECT, ROBUST NETWORKING, and ANNUAL PROACTIVE FOLLOW UP (WYAKIN FOR LIFE). In your own words please tell us how these six tenets apply to you. How do you think they will help you meet your goals?

Signature and Release

I certify that my answers are true and complete to the best of my knowledge. I understand that false or misleading information in my application may result in my release.

Signature _____ Date _____