

NOLS APPLICATION

The easiest way to apply for a NOLS course is online at www.nols.edu.
Or, fill out this application and fax or mail it along with the \$65 non-refundable application fee.
For more information about financial aid, please visit www.nols.edu/courses/financialaid.

NAME

First Last Middle Preferred

Please check only one box indicating where you want your information sent:

PERMANENT ADDRESS Send information to this address

TEMPORARY ADDRESS Send information to this address

Street (include apt., box, etc.)

Address good from: ___ / ___ / ___ to: ___ / ___ / ___

City State/Province Zip/Postal Code

Street (include apt., box, etc.)

Permanent Phone Number

City State/Province Zip/Postal Code

Cell Phone Number

Temporary Phone Number

E-mail address

Birthdate ___ / ___ / ___ Age ___ Sex F M Height ___ Weight ___

Citizen of ___ Names and ages of siblings ___

ETHNIC ORIGIN (Optional. Your response will help us meet student needs more effectively.)

U.S. citizens: American Indian or Alaska Native Native Hawaiian or Pacific Islander Asian Black or African American
 Hispanic White Two or more races Other _____

Non-U.S. citizens: Please specify your race/ethnicity _____

HOW DID YOU HEAR ABOUT NOLS?

- NOLS Graduate (who?) _____ NOLS Instructor (who?) _____
 NOLS Parent (who?) _____ NOLS Staff (who?) _____
 Magazine/newspaper article Television program Educational consultant Outdoor retail store
 Conference/trade show School counselor or teacher Web search NOLS catalog Parent/friend

EDUCATION AND WORK HISTORY

Current or last school attended _____

Are you currently enrolled Yes No If yes, estimated year of completion: _____

Highest level completed (check one): H.S. Diploma B.A./B.S. M.A./M.S. Ph.D. Other _____

Employer _____ Title _____ Industry _____

PARENT/LEGAL GUARDIAN INFORMATION (required for students age 25 or younger)

Mother (Mrs., Ms., Dr.) or **Legal Guardian 1**

Father (Mr., Dr.) or **Legal Guardian 2**

Address is the same as the student's permanent address.

Address is the same as the student's permanent address.

First name Last name Middle Initial

First name Last name Middle Initial

Street (include apt., box, etc.)

Street (include apt., box, etc.)

City State/Province Zip/Postal Code Country

City State/Province Zip/Postal Code Country

Home Phone Number Work Phone Number

Home Phone Number Work Phone Number

Cell Phone Number

Cell Phone Number

E-mail

E-mail

Employer Title

Employer Title

COURSE REGISTRATION

Have you applied for a NOLS course before? Yes No Course _____ Course Date ___ / ___ / ___

Indicate your course selections in order of preference. If available, we will enroll you in one of these.

1st Choice Course Title _____ Start date _____

2nd Choice Course Title _____ Start date _____

3rd Choice Course Title _____ Start date _____

Outdoor Educator Applicants: Are you currently employed, or are you seeking employment, in outdoor education? Yes No

STUDENT QUESTIONNAIRE

This questionnaire is designed to help you identify your reasons for electing to pursue a NOLS course, while providing us with an opportunity to get to know you better.

What has been your greatest success in the last six months? _____

A NOLS course is very physically demanding. Describe your regular physical activities or sports, including what types of exercise you do, how often and for how long. If you do not exercise regularly, tell us how you plan to prepare for your course. _____

A NOLS course requires that all participants commit physically, mentally, and emotionally to the success of the expedition. Identify an activity to which you have made a major commitment. Describe how you demonstrated that commitment. _____

PERSON TO NOTIFY IN CASE OF AN EMERGENCY (required for all applicants)

Name _____

Phone _____
Home Work Cell

Address _____
Street City State/Province Zip/Postal Code Country

Relationship to applicant (check one): parent spouse other relative friend guardian employer partner

I have read, understand, accept and agree to abide by the rules, policies and guidelines set forth in this catalog. I understand that the relationship between me and NOLS will be governed by the substantive laws of the State of Wyoming and any suit, mediation or arbitration of any dispute with NOLS must be filed exclusively in the State of Wyoming. I understand that I am not accepted on my course until all enrollment forms have been received and approved by the NOLS Admission Office. I give NOLS permission to share my contact information with other NOLS students or graduates and/or with environmental organizations or strategic partners in which NOLS graduates may be interested. I also give NOLS permission to use my name, contact information and picture in promotional materials and press releases.

Signature of Applicant _____ Date ____ / ____ / ____

Signature of Parent or Guardian is also required, to reflect agreement, if applicant is under 18 years of age:

Date ____ / ____ / ____

Applications without the application fee will not be processed. Complete the credit card information below or attach the \$65 application fee, payable to NOLS, to the front of application and forward to:



NOLS Admission Office
284 Lincoln Street
Lander, WY 82520-2848
(800) 710-NOLS (6657)
admissions@nols.edu

NOLS NOLS also accepts applications by fax: (307) 332-1220
If faxing, the application fee must be paid by credit card.

Please charge my application fee to my VISA MasterCard

Name on card: _____ Expiration Date: _____

Signature: _____

Online 2011

Account number: _____