

# Scholarship Application

## Wilderness Medicine Institute of NOLS

### INTRODUCTION

Each year NOLS offers over \$800,000.00 in scholarship tuition assistance. Scholarship aid is available to applicants who show great potential to excel as NOLS students and who would be unable to attend without financial aid.

These scholarship dollars are made available through the generosity of alumni and friends to the NOLS Scholarship Fund. Our graduates realize the great impact a NOLS education has and volunteer both time and money to further the school's mission.

Depending upon course type and cost, the typical tuition award ranges from \$500.00 to \$2000.00. Full tuition scholarships are rare. Scholarships for NOLS semesters never exceed \$4500.00. Please do not apply for a higher dollar amount than you need.

### HOW TO APPLY

#### All applicants must submit:

1. WMI Registration Form with \$1000 deposit.
2. WMI scholarship application.
3. Your most recent 1040 tax return form with all IRS required schedules and forms. Applicants who are dependents must also submit their parent or guardian's most recent 1040 form. In lieu of a 1040 form, international applicants must include documentation (tax forms) stating annual income.

### SCHOLARSHIP DEADLINE

All scholarship applications are reviewed upon receipt. While there is no specific application deadline, NOLS scholarship funds are limited and are awarded on a first come, first served basis. Please apply as soon as possible.

Applications will be reviewed within two days of receipt of the completed application. When a decision has been made, a notification letter will be mailed from the NOLS admission office. In addition, all applicants will be notified by telephone and/or email as soon as possible.

#### You can mail the application to WMI:

WMI Admissions  
284 Lincoln  
Lander, WY 82520

Or fax it to: (307) 335.2355

Apid: \_\_\_\_\_ (internal  
use only)



# W M I S C H O L A R S H I P A P P L I C A T I O N

## STUDENT'S PERSONAL INFORMATION

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Mo. Day Year

Address \_\_\_\_\_ Age \_\_\_\_\_  
Street

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Sex  F  M

Daytime Phone Number \_\_\_\_\_

Email Address \_\_\_\_\_

\_\_\_\_\_  
(PLEASE PRINT CLEARLY)

## COURSE INFORMATION

(Please Note: you must be registered for a course before your application will be reviewed)

Location \_\_\_\_\_

Dates \_\_\_\_\_

## ETHNICITY AND CITIZENSHIP

Please indicate ethnic origin. *Responding is optional.* (Please check the one that best describes you.):

- American Indian or Alaskan Native    Asian or Pacific Islander    Black, not of Hispanic origin  
 Hispanic or Latino    Multi-Racial    White, not of Hispanic origin    Other \_\_\_\_\_

Country of Citizenship (*Responding is optional*): \_\_\_\_\_

## APPLICANTS FINANCIAL INFORMATION

How many people will you be supporting this year? Include yourself, spouse, partner, children and others if you will be providing 50% or more of their support. \_\_\_\_\_

How many of those will be in college at least half-time? \_\_\_\_\_

### **1. DETERMINATION OF DEPENDENT OR INDEPENDENT STATUS:**

- (a) Did your parents/guardians provide 50% or more of your support (food, clothing, housing, education, etc.) in the past year?  
YES They provided \_\_\_\_\_% of my support.  
NO They provided \_\_\_\_\_% of my support.
- (b) Did your parents/guardians claim you as a dependent on their last income tax return?  
YES      NO

Did you answer YES to either of the above? If so, NOLS considers you a **DEPENDENT**. In addition to submitting your financial information, your parents or guardians must complete the **application for parents of dependents** on page 6.

If NO to (a) and (b) above NOLS considers you to be **INDEPENDENT** for scholarship purposes.



**2. ESTIMATE OF NEED:** +\$ \_\_\_\_\_ Course tuition (do not include equipment, transportation, optional college credit)  
 - ( \_\_\_\_\_ ) Maximum student can provide  
 - ( \_\_\_\_\_ ) Maximum from other sources:  
 Parent or guardian \$ \_\_\_\_\_  
 Other \$ \_\_\_\_\_  
 = \$ \_\_\_\_\_ Estimated need (Scholarship request)

**3. APPLICANT'S AND SPOUSE'S (PARTNER'S) ANNUAL INCOME:**

Did you file a U.S. income tax return last year? YES NO  
 If yes, you must submit a copy of your most recent 1040 form and enclose it with your completed application.

**4. APPLICANT'S AND SPOUSE'S (PARTNER'S) ANNUAL EXPENSES:**

Housing (rent, mortgage) .....		+ \$ _____	.00
Living expenses (utilities, food, clothing) .....		+ \$ _____	.00
Medical and dental expenses not paid by insurance .....		+ \$ _____	.00
Tuition .....		+ \$ _____	.00
Debt payments:	Auto .....	+ \$ _____	.00
	Credit cards .....	+ \$ _____	.00
	Loans .....	+ \$ _____	.00
	Other (child care, entertainment, etc.) .....	+ \$ _____	.00
	Specify: _____	+ \$ _____	.00
	<b>Total expenses:</b>	= \$ _____	.00

**5. APPLICANT'S AND SPOUSE'S (PARTNER'S) ASSETS AND LIABILITIES:**

	Its worth today:	What is owed on it:
Cash, savings, checking accounts	\$ _____	.00
CD's, Stocks, investments, funds, etc	\$ _____	.00
Vehicle(s) (Make and year _____)	\$ _____	.00
Home.....	\$ _____	.00
Other Real Estate.....	\$ _____	.00
Other: _____	\$ _____	.00
<b>Total:</b> .....	\$ _____	.00



**6. DURING THE PAST YEAR, HAVE YOU BEEN ENROLLED AT A COLLEGE, UNIVERSITY OR PRIVATE SCHOOL?**

YES, field of study \_\_\_\_\_

NO

If yes, provide details of any financial aid you may have received.

[ ] Did not receive financial aid.

Cost for one year at your school (tuition, fees, room and board) \$ \_\_\_\_\_

Amount per semester:

State Grant	\$ _____	Stafford Loan- unsubsidized	\$ _____
College Grant	\$ _____	Stafford Loan- subsidized	\$ _____
Pell Grant	\$ _____	College Sponsored SEOG Grant	\$ _____
Merit Scholarship	\$ _____	Perkins/NDSL Loan	\$ _____

**7. ADDITIONAL FINANCIAL INFORMATION (attach sheet):**

A.) Outline your plan for meeting the expenses of your NOLS course. What other expenses do you anticipate (travel, equipment, etc.) and how do you plan to meet them? What additional sources of financial assistance have you explored?

B.) Explain any unusual expenses, additional sources or decreases in income, travel expenses, special or changing circumstances and expenses that exceed your income.

**8. PLEASE TELL US A BIT MORE ABOUT YOURSELF. FEEL FREE TO ATTACH AN ADDITIONAL SHEET OF PAPER IF YOU NEED MORE SPACE.**

Please describe activities (outdoor, environmental, teams and other) you have been involved in.

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Please outline all leadership positions that you have held in school, work, sports, church or your community.

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Please describe experiences that have uniquely shaped your life. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How do you plan to use your NOLS education? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I understand that NOLS will be relying on the information provided above in consideration of granting me a scholarship. All the information provided by me is true and complete to the best of my knowledge.

Applicant's signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please make copies of your scholarship paperwork should something become "lost in the mail."**



# APPLICATION FOR PARENTS OF DEPENDENTS

## PARENT/ GUARDIAN FINANCIAL INFORMATION

How many people will you as parents/guardians support this year? Include yourselves, applicant and any others if you are providing for 50% or more of their support. \_\_\_\_

How many of those people will be in college at least half-time?\_\_

Current marital status:

Single

Separated

Widowed

Married

Divorced

### 1. PARENTS'/ GUARDIANS' ANNUAL INCOME:

Families of dependent students must submit the parent or guardians' most recent 1040 form. In lieu of a 1040 form, international applicants must include documentation (tax forms) stating annual income.

### 2. PARENTS'/GUARDIANS' ANNUAL EXPENSES:

Housing (rent, mortgage) .....	+\$_____	.00
Living expenses (utilities, food, clothing) .....	+\$_____	.00
Medical and dental expenses not paid by insurance .....	+\$_____	.00
Tuition .....	+\$_____	.00
Debt payments:      Auto .....	+\$_____	.00
Credit cards .....	+\$_____	.00
Loans .....	+\$_____	.00
Other: (child care, entertainment, etc.) .....	+\$_____	.00
Specify: _____		

**Total expenses**      = \$\_\_\_\_\_ .00



**3. PARENTS'/GUARDIANS' ASSETS AND LIABILITIES:**

	Its worth today	What is owed on it:
Cash, savings, checking accounts	\$ _____ .00	
CDs, stocks, investments, funds, etc....	\$ _____ .00	
Vehicles (make and year _____)	\$ _____ .00	\$ _____ .00
Cash value life insurance.....	\$ _____ .00	\$ _____ .00
Home.....	\$ _____ .00	\$ _____ .00
Other real estate.....	\$ _____ .00	\$ _____ .00
Other: _____	\$ _____ .00	\$ _____ .00
_____	\$ _____ .00	\$ _____ .00
_____	\$ _____ .00	\$ _____ .00
<b>Total:</b> .....	\$ _____ .00	\$ _____ .00

**4. EXPLANATION OF SPECIAL CIRCUMSTANCES:**

Please attach an additional page if you wish to explain any unusual expenses, additional sources or decreases in income, travel expenses, and special or changing circumstances. Include amounts and sources of financial aid being received for college tuition for dependents other than the applicant.

I (We) understand that NOLS will be relying on the information provided by this application in consideration of granting my dependent a scholarship. All the information provided by me (us) is true and complete to the best of my (our) knowledge.

Name of applicant: \_\_\_\_\_ Today's date: \_\_\_\_\_

FATHER Printed Name: \_\_\_\_\_  
 Occupation: \_\_\_\_\_  
 Employer: \_\_\_\_\_  
 Signature: \_\_\_\_\_

MOTHER Printed Name: \_\_\_\_\_  
 Occupation: \_\_\_\_\_  
 Employer: \_\_\_\_\_  
 Signature: \_\_\_\_\_

