



FREMONT COUNTY AND WIND RIVER RESERVATION SCHOLARSHIP PROGRAM

JOIN US FOR THE ADVENTURE OF A LIFETIME!

Because Lander is home to NOLS World Headquarters and NOLS Rocky Mountain, the school's oldest and largest location we reserve around \$25,000 in financial aid for residents of Fremont County and Wind River Reservation who show great potential to excel as NOLS students, and who would be unable to attend without financial aid. This support is made possible by the generosity of NOLS alumni and friends.

WHO CAN APPLY?

- Residents of Fremont County and Wind River Reservation ages 14 and older. There is no upper age limit for financial assistance. We strongly encourage middle school, high school, and college-age students to apply.
- If you are a NOLS employee, you can apply if you have lived, full-time, in Fremont County or Wind River Reservation for 4 years or more.

WHAT KIND OF COURSE CAN I APPLY FOR?

- Any expedition or wilderness medicine course, in any season, at any location. At NOLS Rocky Mountain, we offer backpacking, rock climbing, horse packing, mountaineering, and whitewater rafting/kayaking courses. We also offer Wilderness First Aid, Wilderness First Responder, and Wilderness EMT here in Lander.

HOW MUCH AID CAN I RECEIVE?

- Aid is awarded according to both need and merit. Depending on course type and cost, the typical award ranges from \$500 to \$5,000. Full-tuition scholarships may be available. Please do not ask for more assistance than you need. Priority will be given to first-time NOLS students; however, alumni are still eligible for aid.

WHAT DO I NEED TO APPLY FOR A SCHOLARSHIP?

- Your completed Fremont County and Wind River Reservation Scholarship Application (this packet).

HOW DO I BEGIN THE APPLICATION PROCESS?

- First, submit your completed application to our office. Drop it off or mail it to:
NOLS Rocky Mountain
Attn: Scholarship Program/ Clair Smith
502 Lincoln Street
Lander, WY 82520

WHEN IS THE APPLICATION DEADLINE?

- There is no set deadline. Awards are made on a rolling basis, and we will accept applications until funds have been given out. Our fiscal year begins on September 1. This is when we begin to hand out scholarship money.

WHERE CAN I SEE A LIST OF ALL NOLS COURSE OFFERINGS?

- For a complete listing, visit www.nols.edu

WHOM SHOULD I CONTACT IF I HAVE MORE QUESTIONS?

- You can call or email Clair Smith, Special Projects Coordinator at NOLS Rocky Mountain
- (307) 332-1438 or clair_smith@nols.edu



NOLS COURSE APPLICATION

Application Fee Waived for Scholarship Applicants

NAME: _____

Last

First

Middle

Preferred

GENDER: _____ HEIGHT _____ WEIGHT _____

BIRTHDAY: _____ (month/day/year) CITIZENSHIP: _____

ETHNICITY: _____ (optional)

ADDRESS: _____

Street (include apt, box, etc.)

City

State

Zip/ Postal code

PHONE NUMBER: _____ (circle one) cell home work

EMAIL: _____

NOLS COURSE YOU WOULD LIKE TO TAKE:

First Choice: _____ Start date _____

Second Choice: _____ Start date _____

I have read, understand, accept, and agree to abide by the Admission Policies set forth on the NOLS website. I understand that I am not accepted on my course until all enrollment forms have been received and approved by the NOLS Admissions Office.

SIGNATURE OF APPLICANT _____ Date ____/____/____

SIGNATURE OF PARENT OR GUARDIAN is also required, to reflect agreement, if applicant is under 18 years of age:

_____ Date ____/____/____

Please scan and e-mail your NOLS application to the Special Projects Coordinator at NOLS Rocky Mountain:

clair_smith@nols.edu



SCHOLARSHIP APPLICATION

NAME: _____

Last

First

Middle

Preferred

Have you participated in a NOLS course before? If so, please give course and date: _____

Are you a NOLS employee? _____

If so, how many years have you lived full-time in Fremont Co/Wind River Reservation? _____

1. DETERMINATION OF STATUS

(a) Did your parents/guardians provide 50 percent or more of your support (food, clothing, housing, education, etc.) in the past year?

Yes, they provided _____ percent of my support. No, they provided _____ percent 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 (questions 2-10), your parents or guardians must complete the Parents'/Guardians' Financial Information portion of the application (questions 12-18).

If you answer "No" to (a) and (b) above, NOLS considers you to be **independent** for scholarship purposes; complete only questions 2-10.

2. DID YOU FILE A US INCOME TAX RETURN LAST YEAR? Yes No

If so, using your 1040 Tax Form, what was your adjusted gross income last year? _____

3. HOW MUCH DID YOU SPEND ON HOUSING LAST YEAR? _____

(If you live with your parents/guardians or if you do not pay for housing, please enter 0)

4. HOW MUCH DO YOU HAVE IN CASH, CHECKING, AND SAVINGS? _____

5. HOW MUCH DO YOU HAVE IN LIABILITIES, SUCH AS LOANS OR CREDIT CARD DEBT? _____

6. HOW MUCH DO YOU HAVE IN OTHER KINDS OF ACCOUNTS, SUCH AS INVESTMENTS, STOCKS, AND BONDS? _____

7. DO YOU HAVE ANY FUNDS COMING FROM OTHER SOURCES (ex. Americorps, VA Benefits, or a relative)? _____

If so, how much? _____



8. ESTIMATE OF NEED + \$ _____ First-choice course tuition
- \$ _____ Maximum student can provide
- \$ _____ Maximum from other sources (parents, guardians, other)

= \$ _____ **Estimated need** (scholarship request)

9. EDUCATION

During the last year, have you been enrolled in college, university, or a private school?

Yes | field of study _____ No

If “Yes,” have you received any financial aid for your education in the past year?

Yes No

10. ADDITIONAL FINANCIAL INFORMATION (optional)

Please describe any unusual expenses, or special or changing circumstances, that affect your financial situation.

11. STUDENT QUESTIONNAIRE (attach additional pages if necessary)

Tell us a little bit about yourself! Describe an experience that has uniquely shaped your life.



Why do you want to take a NOLS course?

Describe any activities (teams, clubs, etc.) or leadership positions (school, church, etc.) that you're involved in.

How do you plan to use your NOLS education and training?

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: _____



PARENTS'/GUARDIANS' FINANCIAL INFORMATION

PARENTS/GUARDIANS SHOULD ONLY ANSWER QUESTIONS 12-18 IF THE APPLICANT WAS DETERMINED TO BE LEGALLY "DEPENDENT" IN QUESTION 1.

12. MARITAL STATUS

Single Divorced Married Widowed Separated

How many people will you, as parents or guardians, support this year? _____

(Include yourselves, the applicant, and any others if you are providing 50 percent or more of their support.)

13. USING YOUR 1040 TAX FORM, PARENTS'/GUARDIANS' ADJUSTED GROSS INCOME: _____

14. HOW MUCH DID YOU SPEND ON HOUSING LAST YEAR? _____

15. HOW MUCH DO YOU HAVE IN CASH, CHECKING, AND SAVINGS? _____

16. HOW MUCH DO YOU HAVE IN LIABILITIES, SUCH AS LOAN OR CREDIT CARDS? _____

17. HOW MUCH DO YOU HAVE IN OTHER KINDS OF ACCOUNTS, SUCH AS INVESTMENTS, STOCKS, OR BONDS? _____

18. ADDITIONAL FINANCIAL INFORMATION (optional; attach additional pages if necessary)

Please describe any unusual expenses, or special or changing circumstances, that affect your financial situation.

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: _____ DATE: _____

PARENT/GUARDIAN #1 Printed name: _____

Email: _____ Phone: _____

Occupation/employer: _____

Signature: _____

PARENT/GUARDIAN #2 Printed name: _____

Email: _____ Phone: _____

Occupation/employer: _____

Signature: _____