INTRODUCTION
NOLS India awards scholarships specifically for Indian residents to apply toward taking one of its field courses. NOLS courses offer a transformative experience that focuses on life-long leadership, wilderness skills and environmental studies, taught in the awe-inspiring Indian Himalayas. 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.

QUALIFICATION
Applicants must be Indian Residents
Applicants must be at least 15 years of age
The scholarship must be used toward a NOLS India Local Educator course only.

SELECTION CRITERIA
Scholarship recipients are chosen based upon merit, leadership qualities, motivation, and financial need.
Amount of scholarship awarded to chosen candidates will be determined by availability of scholarship funds and the candidate’s financial need.

DEADLINE
The deadline for submitting the completed scholarship application packet is two months prior to the course start date and must be sent to: india@nols.edu or NOLS India, Vania Cottage, Mall Road, Ranikhet - 263645. If you have questions, please call NOLS India at (05966) 221428.

If you are interested in NOLS Scholarships for other International locations you can contact: NOLS Admission Department, 284 Lincoln St., Lander, WY 82520, or you can request applications by calling (307) 332-5300, or visiting our website at www.nols.edu

HOW TO APPLY
All applicants must personally fill and complete the following paperwork (except for the parts that may need to be filled by parents or guardians)
1. NOLS course Application Form downloaded from the NOLS website
2. India Scholarship Application Form.
3. Photocopy of your most recent income tax return form with all required schedules and forms (if you file your IT returns).
4. Attested statement of the last six months of your bank account
5. Applicants who are dependents must also submit the following
   (a) a photocopy of their parents or guardian’s most recent IT returns with all required schedules and forms (if they file IT returns).
   (b) Attested statement of the last six months of your parent/guardian’s bank account
6. Current grade transcript or photocopy of report card if you are currently a student.
7. Letters of Recommendation: Submit at least 2 Letters of Recommendation written by someone who knows the applicant reasonably well. Good sources for recommendations are teachers, employers, coaches, neighbors, community leaders, etc. Ask them to comment on why they feel you would make a good NOLS student, and why they think you should be awarded the India scholarship. Please avoid submitting recommendations from family and friends.
8. A current photo that will be attached to your application.
NOLS INDIA
Scholarship Application

(Please print)
Name of Applicant: ____________________________ Age ____________

Applicant’s Address _________________________________________________

Phone Numbers: Home ____________________________ Cell ____________ Work ____________

Applicant’s E-mail Address ____________________________________________

NOLS course choice ____________________________ Course start date _________

How many people will you be supporting this year? (Include yourself, spouse, partner, children and others) ____________

1. DETERMINATION OF DEPENDENT OR INDEPENDENT STATUS:
(a) Did you need less than 50% of your support (food, clothing, housing, education, etc.) from your parents in the past year? (circle one)
   YES - I needed less than 50% support.   NO - They provided more than 50% of my support.

(b) Do you file an income tax return? (circle one) YES or NO
   If you answered NO to either of the above questions, then NOLS considers you a DEPENDENT. In addition to submitting your financial information, your parents or guardians must complete the Application for Parents of Dependents part of the Form. If you answered YES to (a) and (b) above, NOLS considers you an INDEPENDENT for scholarship purposes.

2. ESTIMATE OF NEED:
   + ____________________________ Course tuition
   - ____________________________ Maximum amount the student can provide
   - ____________________________ Maximum amount from other sources (e.g. Parents / Guardian / others)
   ____________________________ Estimated need (Scholarship request)

3. APPLICANT’S AND SPOUSE’S (PARTNER’S) ANNUAL INCOME:
   Did you file a income tax return last year? (circle one) YES or NO
   (If YES, you must submit a copy of your most recent IT returns with required schedules and forms attached, and include it with your completed application).

   Please fill out the following pertaining to the last calendar year.
   Annual income earned from work by you .............................................. + ____________
   Annual income earned from work by your spouse/partner........................ + ____________
   Other sources of funds--investments, trusts, gifts, state/federal aid, etc….+ ____________
   Specify source(s): ______________________________________________________
   Total income = ________________

4. APPLICANT’S AND SPOUSE’S (PARTNER’S) ANNUAL EXPENSES:
   Housing (rent, mortgage) .................................................................+ ____________
   Living expenses (utilities, food, clothing) .............................................+ ____________
   Medical expenses not paid by insurance ...............................................+ ____________
   Any educational expenses .................................................................+ ____________
   Any Auto loan ....................................................................................+ ____________
   Any other loans/expenses.....................................................................+ ____________
   Total expenses: = ____________
5. ADDITIONAL FINANCIAL INFORMATION (attach an additional sheet, if more space is needed):

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.

6. PLEASE TELL US A BIT MORE ABOUT YOURSELF. (Attach an additional sheet, if more space is needed)

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

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

What would be the easiest part of the course for you, and why? What would be the most difficult, and why?

Please describe experiences that have uniquely shaped your life.

How do you plan to use your NOLS education?

What three personal goals would you like to achieve through your participation on a NOLS course?

1. 
2. 
3. 

Describe ways you would be an asset to your fellow students, instructors, tent mates, etc., on a NOLS course?

Of all the people you personally know, who do you most respect and admire? Explain why.

I understand that NOLS will be relying on the information provided in the application packet when considering me for a scholarship. All the information provided by me is true and complete to the best of my knowledge.

Applicant's Signature: ____________________________ Date:______

Parent’s/Guardian’s Signature: ____________________________ Date:______
APPLICATION FOR PARENTS OF DEPENDENT
PARENT/ GUARDIAN FINANCIAL INFORMATION

How many people will your parents/guardians support this year? Include anyone for whom they will provide 50% or more of their support. _____________________________

Parent/Guardian current marital status: _________________________________

1. PARENTS'/GUARDIANS’ ANNUAL INCOME:
Families of dependent students must submit the parent or guardians’ most recent IT returns with all required schedules and forms attached.

Please fill out the following pertaining to the last calendar year.
Annual income earned from work by father/guardian + __________
Annual income earned from work by mother/guardian + __________
Other sources of funds from investments, trusts, gifts, etc. + __________
Specify source: _____________________________________________________________
Total income = __________

2. PARENTS'/GUARDIANS’ ANNUAL EXPENSES:
Housing (rent, mortgage) ......................................................... + __________
Living expenses (utilities, food, clothing) ................................................ + __________
Medical expenses not paid by insurance ........................................... + __________
Any educational expenses ............................................................... + __________
Any Auto loan .............................................................................. + __________
Any other loans/expenses ................................................................. + __________
Total expenses = __________

3. 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: __________

Applicant’s Signature ____________________________

Parent/Guardian Printed Name: ____________________________

Occupation: ______________________________________________________

Parent/Guardian Signature: _________________________________________