



NOLS SCHOLARSHIP APPLICATION

INTRODUCTION

NOLS Scholarships are need based and can cover a significant portion of your course's cost. We are able to offer over \$1.7 million in scholarship funds each year to lower, middle, and upper-middle income families.

ELIGIBILITY

Courses eligible for NOLS scholarships are: NOLS Expeditions, U.S. Naval Academy courses, LNT Master Educator courses, Wilderness EMT courses, Medicine in the Wild (3rd and 4th year medical school elective), and Wilderness Medicine Expeditions. If your course is not here, please refer to the Financial Aid and Scholarship page for additional resources.

HOW TO APPLY

ALL APPLICANTS MUST SUBMIT

- NOLS registration and deposit or application and fee.
- NOLS scholarship application. (form below).
- Your most recent 1040 tax return form. Applicants who are dependents must also submit their parent or guardian's most recent 1040 form. In lieu of a 1040 form, non-U.S. students must include official documentation (tax forms) stating annual income.
- Submit your application by mailing to 284 Lincoln St, Lander, WY 82520, or faxing it to (307) 332-1220.

SCHOLARSHIP DEADLINE

Scholarships are awarded on a first-come, first-served basis. Our **recommended** deadlines are:

- Courses beginning Sept. 1- Dec. 31: July 1
- Courses beginning Jan. 1- Apr. 30: November 1
- Courses beginning May 1- Aug. 31: February 1

Applications will be reviewed within ten business days of receipt of the completed application. When a decision has been made, a notification letter will be mailed from NOLS.

Incomplete application submissions will result in delays or denial of review.

NOLS SCHOLARSHIP APPLICATION

Name of applicant: _____

Name of NOLS course: _____ Course start date: _____

Applicant's email address: _____ Phone number: _____

1. DETERMINATION OF DEPENDENT OR INDEPENDENT STATUS

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

- A. **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 **Parent/Guardian Financial Information portion of the application**.

If NO to (A) and (B) above, NOLS considers you to be **independent** for scholarship purposes.

2. 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.

3. ESTIMATE OF NEED

\$ _____	Course Tuition
+\$ _____	Additional course costs (travel and gear)
\$ _____	Total Cost
-\$ _____	Maximum student can provide
-\$ _____	Maximum from parent or guardian
-\$ _____	Maximum from other sources
=\$ _____	Total estimated need (scholarship request)

4. APPLICANT'S AND SPOUSE'S (PARTNER'S) ASSETS AND LIABILITIES

	Its Worth Today	What Is Owed On It
Cash, savings, checking accounts	\$ _____	\$ _____
CDs, Stocks, investments, funds, etc.	\$ _____	\$ _____
Home	\$ _____	\$ _____
Other Real Estate	\$ _____	\$ _____
Other	\$ _____	\$ _____
Total:	\$ _____	\$ _____

5. ADDITIONAL INFORMATION

Please describe any unusual expenses, or special/changing circumstances that affect your financial situation. (If more space is needed, please attach a short cover letter.)

ADDITIONAL SCHOLARSHIP OPPORTUNITIES

In addition to our need-based scholarship program NOLS offers a few specialized scholarship opportunities. Please check any of these additional scholarships that you may be eligible for:

___ **Paul Petzoldt Legacy Scholarship** (Applicants must be enrolled on a 30-day NOLS expedition in Wyoming. A letter of recommendation from a NOLS alumnus of a Wyoming course twenty years earlier is required.)

___ **Moving Hands Scholarship** (NOLS Wilderness Medicine applicants fluent in American Sign Language and/or Signed Exact Language may be eligible to receive a full scholarship.)

___ **Fremont County and Wind River Reservation Scholarship** (Applicants must be enrolled on 30-day NOLS course and be residents of Fremont County, Wyoming.)

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: _____

PARENT/GUARDIAN FINANCIAL INFORMATION

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, non-U.S. families must include official documentation (tax forms) stating annual income.

2. PARENTS'/ GUARDIANS' ASSETS AND LIABILITIES

	Its Worth Today	What Is Owed On It
Cash, savings, checking accounts	\$ _____	\$ _____
CDs, Stocks, investments, funds, etc.	\$ _____	\$ _____
Home	\$ _____	\$ _____
Other Real Estate	\$ _____	\$ _____
Other	\$ _____	\$ _____
Total:	\$ _____	\$ _____

3. EXPLANATION OF SPECIAL FINANCIAL CIRCUMSTANCES

Please describe any unusual expenses, or special/changing circumstances that affect your financial situation.
(If more space is needed, please attach a short cover letter.)

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

Signature: _____

PARENT/GUARDIAN 2

Signature: _____