



NOLS ALASKA SCHOLARSHIP PROGRAM

JOIN US FOR THE ADVENTURE OF A LIFETIME!

Each year, NOLS offers over \$1.7 million in tuition assistance. Scholarships are available to applicants who show great potential to excel as NOLS students, and who would be unable to attend without financial aid.

NOLS Alaska, based in Palmer, reserves \$4,995 in financial aid for residents of Alaska. This amount covers most 30-day NOLS course tuitions. This support is made possible by the generosity of NOLS alumni and friends.

WHO CAN APPLY?

- Residents of Alaska ages 16 and older. There is no upper age limit for financial assistance. We strongly encourage middle school, high school, and college-age students to apply.

WHAT KIND OF COURSE CAN I APPLY FOR?

- Any expedition course at any NOLS location in the North American summer season. At NOLS Alaska, we offer backpacking, mountaineering and sea kayaking (minimum age for Alaska courses is 16). You may also apply for any course offered by NOLS Wilderness Medicine.

HOW MUCH AID CAN I RECEIVE?

- Aid is awarded according to both need and merit. Depending upon course type and cost, the typical award ranges from \$500 to \$4,000. Full-tuition scholarships may also be available. Please do not apply 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 NOLS Alaska Scholarship Application (this packet)
- Your most recent tax return (Form 1040). Applicants who are dependents must also submit their parents' or guardians' most recent Form 1040.

HOW DO I BEGIN THE APPLICATION PROCESS? GO TO WWW.NOLS.EDU/ALASKASCHOLARSHIP

- First, scan/email all completed application materials found at [www.nols.edu/alaskascholarship](http://WWW.NOLS.EDU/ALASKASCHOLARSHIP), including supporting tax documents, to libby_hensien@nols.edu

WHEN IS THE APPLICATION DEADLINE?

- Mid-February for that upcoming summer season. We will decide on the recipient(s) by the end of February. *We encourage you to apply as early as possible!*

WHERE CAN I SEE ALL OF NOLS'S COURSE OFFERINGS?

- For a complete listing, visit [www.nols.edu](http://WWW.NOLS.EDU) and use our online course finder.

I HAVE MORE QUESTIONS! WHOM DO I CONTACT?

- You can call or email Ashley Wise, Program Manager at NOLS Alaska
- 1.907.746.4047, ext. 3345 or ashley_wise@nols.edu.



NOLS COURSE APPLICATION

(APPLICATION FEE WAIVED)

Name: _____
First Last Middle Preferred

Gender: Male Female Height: _____ Weight: _____

Birthday: _____ (month/day/year)

Citizenship: _____ Ethnicity: _____ (optional)

Street Address (include apt, box, etc.) City State Zip

Telephone Number (cell phone, home, or work)

Email

NOLS COURSE YOU WOULD LIKE TO TAKE

First Choice: _____ Start date: _____

Second Choice: _____ Start date: _____

Third 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 of Signature

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

Signature of parent or guardian Date of Signature



NOLS ALASKA

SCHOLARSHIP APPLICATION

Applicants Name: _____
First Last Middle Preferred

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

1. Determination of status:

a) Did your parents or 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 2–6), your parents or guardians must complete the Parents’/Guardians’ Financial Information portion of the application (questions 7–9).

If you answer “No” to (a) and (b) above, NOLS considers you to be **independent** for scholarship purposes; complete only questions 2–6.

2. Applicant’s (and partner’s) annual income:

Did you file a U.S. income tax return last year?

YES

NO If yes, please enclose a copy of your most recent Form 1040.

3. Estimate of need:

+ \$ _____ First-choice course tuition

- \$ _____ Maximum student can provide

- \$ _____ Maximum from other sources

Parent or guardian \$ _____

Other \$ _____

= \$ _____ Estimated need (scholarship request)

4. 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

5. Additional financial information (optional):

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

6. Student questionnaire (attach additional pages if necessary):

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

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 in your life back home?

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 of Signature

PARENTS'/GUARDIANS' FINANCIAL INFORMATION

(Only answer questions 7-9 if the applicant was determined to be legally "dependent" in question 1.)

7. 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.)

8. Parents'/guardians' annual income \$ _____

***** If a student gets accepted for scholarship money, guardians of dependent students must submit their most recent Form 1040 in order to receive the funds. *****

9. 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.

Applicants Name: _____ Date: _____

PARENT/GUARDIAN #1

Printed name: _____

Email: _____ Phone: _____

Occupation/employer: _____

Signature: _____

PARENT/GUARDIAN #2

Printed name: _____

Email: _____ Phone: _____

Occupation/employer: _____

Signature: _____