



# NOLS SCHOLARSHIP APPLICATION

## INTRODUCTION

NOLS Wilderness Medicine and Leave No Trace (LNT) Scholarships are need based, taking into account unusual expenses, or special/changing circumstances.

## ELIGIBILITY

This application form is only applicable towards: Wilderness EMT courses, Medicine in the Wild (3rd and 4th year medical school elective), and Wilderness Medicine Expeditions, and LNT Master Educator courses.

If you seeking support for an Expedition course, please refer to [Expeditions Semester Scholarship](#), or the [Expeditions Non-Semester Scholarship](#). The [Financial Aid & Scholarships](#) web resource offers additional scholarships, information on Veterans Education Benefits, Americorps, 529 Education Savings Plans along with Federal Aid & Consortium Agreements.

## HOW TO APPLY

### ALL APPLICANTS MUST SUBMIT

- NOLS registration and the required deposit of either \$1000 for WEMT courses, or \$100 for LNT courses
- 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. Please contact us if you do not have a tax form
- Submit your application by mailing to 284 Lincoln St, Lander, WY 82520, or faxing it to (307) 332-1220. Scanning and emailing documents with social security numbers is not secure. Please remove any personal identifying information if you choose to scan and email the tax forms.
- All questions about these requirements would be directed to [wilderness\\_medicine@nols.edu](mailto:wilderness_medicine@nols.edu) or by calling 866-831-9001.

## SCHOLARSHIP DEADLINE

Scholarships are awarded on a first-come, first-serve basis; **recommended** deadlines are:

- July 15 for courses beginning September 1- December 31
- November 1 for courses beginning January 1- April 30
- February 1 for courses beginning May 1 – August 31

NOLS will confirm receipt of application by email within two business days. If you do not receive a confirmation email, please contact us to verify receipt of application. Completed applications will be reviewed by the scholarship committee within two weeks of receipt. When a decision is made, you will be notified by email. Incomplete application submissions will result in delays or review denial.

## 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. Your scholarship will not be considered complete unless you provide tax information. If no, please contact us.

### 3. ESTIMATE OF NEED

\$ _____	Course Tuition
-\$ _____	Maximum student can provide
-\$ _____	Maximum from parent or guardian
-\$ _____	Maximum from other sources
<b>= \$ _____</b>	<b>Total estimated need (scholarship request)</b>



## 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

	Today's Worth	Balance Owing
Cash, savings, checking accounts	\$ _____	\$ _____
CDs, Stocks, investments, funds, etc.	\$ _____	\$ _____
Home	\$ _____	\$ _____
Other Real Estate	\$ _____	\$ _____
Other	\$ _____	\$ _____
<b>Total:</b>	<b>\$ _____</b>	<b>\$ _____</b>

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.

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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: \_\_\_\_\_