NOLS Wilderness Medicine

**YODER FOUNDATION**

**SCHOLARSHIP APPLICATION**

**\*\*\*\* APPLICATION DEADLINE: November 1, 2022\*\*\*\***

**Download this form to your computer, save it as a document, then type your answers in the fields provided. You may need to click “enable editing” if a box appears at the top with “Protected view.” Advance to each subsequent field by using your tab key or clicking on each new box. Answer as thoroughly as possible. If an item does not apply to you, put “N/A” in the field. Answers to the Student Questionnaire section should be clearly written but succinct. Your completed application must have your digital signature and that of your parents or guardians if you are under age 18. Applications without necessary digital signatures will not be accepted or considered. Save the applicatin with your answers once you have completed the application. To submit your application, email it prior to the application deadline above to Pete Walka at** **pete\_walka@nols.edu****.**

**Applicant’s Name:**

**Email address:**

**Phone number:**

**Permanent Address**:

**Date of Birth:**

**Education and Work History**

Current or last school attended:

Are you currently enrolled? No[ ]  Yes [ ]  If yes, estimated year of completion

Highest level completed: [ ]  H.S/Diploma [ ] B.A./B.S. [ ] M.A./M.S. [ ]  Ph.D

Current occupation:

Title:

Employer:

Past employment (include all employment for at least previous 3 years)

Applicants may include resume or complete section below [ ]  Resume included

Employer:

Dates of employment: **/  /** to **/  /**

Occupation:

 Title:

Employer:

Dates of employment: **/  /** to **/  /**

Occupation:

 Title:

Employer:

Dates of employment: **/  /** to **/  /**

Occupation:

 Title:

Employer:

Dates of employment: **/  /** to **/  /**

Occupation:

 Title:

Employer:

Dates of employment: **/  /** to **/  /**

Occupation:

 Title:

**Student Questionnaire**

Please answer the following questions. We are interested in your reasons for electing to pursue a WMI of NOLS WFR course at this time. It also helps us to get to know you better. The fields for each question are limited to 1500 characters, so please be succinct.

What has been your greatest success in the last six (6) months?

What do you hope to learn during your WMI of NOLS WFR course?

How will you use the skills and knowledge that you gain from the course?

What are your personal and professional goals for the next five (5) years?

**Financial Information**

Please complete this section as accurately as possible. Applicants **may** be requested to submit recent 1040 tax forms with all IRS required schedules and forms that verify the financial information on the application. Applicants who are dependents may also be requested to submit their parents’ or guardians’ most recent 1040 form with all IRS required schedules. W-2s are not an acceptable substitute for 1040 forms. In lieu of 1040 forms, international applicants must include documentation (tax forms) stating annual income. Note that if FFI or the Yoder Foundation requests these forms, the forms must be submitted by the appointed deadline or the scholarship application will not be considered. You are not required to submit these documents unless requested to do so by FFI or the Yoder Foundation—**do not include these documents with your scholarship application.**

How many people will you be supporting this year? Include yourself, spouse, partner, children and others if you will be providing 50% or more of their support.

**Applicant’s household annual income**

Annual income you earned from work:

Annual income your spouse/partner earned from work:

Support received from parents or other relatives:

Other sources of funds (investments, trusts, gifts,

state/federal aide, etc.):

 Specify sources:

 **Total Income:**

**Applicant’s household annual expenses**

Housing (rent/mortgage):

Living Expenses (utilities, food, clothing):

Medical/dental expenses not paid by insurance:

Tuition:

Debt payments (auto, credit cards, loans, etc.):

Other payments (child care/support, entertainment, etc.):

 **Total Expenses:**

## CERTIFICATION AND AGREEMENT

I am hereby applying for a scholarship from the Dustin and Kristen Yoder Memorial Foundation, Inc. I certify that the above information is true, accurate, correct and complete to the best of my knowledge. If I receive a scholarship award from the Foundation, I agree to participate in and complete the designated course or program set forth in this application and/or Registration Form, and I acknowledge that upon completion of the course or program, I will be required to provide to the Foundation a written statement of the value of the course or program to me and my plans for continued outdoor education. I also understand that FFI will provide the Foundation with a report of my successful completion of the course or program. I understand that I am responsible for gaining admission to the FFI course, for all costs associated with such course or program, and that a scholarship award may only be for a portion of the designated course or program. Once the Foundation awards a scholarship, I cannot change the course or program without the express written consent of the Foundation and FFI. I understand that a scholarship may be revoked for any of the following reasons: (a) withdrawal from or failure to complete the course or program; (b) inability to secure admission or enrollment to the course or program; (c) evidence of misconduct; (d) failure to submit reports as required; (e) changing courses or programs without the prior written consent of the Foundation and FFI; (f) providing any false or misleading information on this application or any other information provided to the Foundation or FFI. I understand that revocation of a scholarship shall cause all payments to cease and may make me liable for return of payments previously provided. I consent to release of academic, financial, or any other information as required by FFI or the Foundation.

I understand and agree that the Dustin and Kristen Yoder Memorial Foundation, Inc., its directors, officers, representatives and agents are in no way liable for my personal welfare or safety in any course or program in which I choose to participate, and are not responsible for enabling me to pursue my studies. The Dustin and Kristen Yoder Memorial Foundation, Inc., its directors, officers, representatives and agents assume no responsibility, liability or obligation whatsoever beyond providing the monetary scholarship award. I agree that if I receive a scholarship from the Dustin and Kristen Yoder Memorial Foundation, Inc., I authorize the Dustin and Kristen Yoder Memorial Foundation, Inc. to publish my name and/or photograph on its website, Facebook page and other social media as a scholarship recipient.

 Date://

*Signature of Applicant Month/Day/Year*

*(type in signature and date if emailing application; handwrite signature and date if delivering and mailing application)*

 Date: //

*Signature of parent or guardian (if applicant under 18) Month/Day/Year*

*(type in signature and date if emailing application; handwrite signature and date if delivering and mailing application)*

 Date: //

*Signature of parent or guardian (if applicant under 18) Month/Day/Year*

*(type in signature and date if emailing application; handwrite signature and date if delivering and mailing application)*

**Typing your name(s) in the spaces above constitutes your digital signature and your agreement to submit this application by electronic means and our agreement to accept delivery of and to consider your application by electronic means, as described in Arizona Revised Statutes Section 44-7001 et seq. Your electronic signature has the same legal effect as your handwritten signature. You represent and warrant that the electronic signature above is the act of the person whose name appears in the signature space.**