FINANCIAL AID APPLICATION
LEAF (LEADERSHIP EDUCATION ADVANCEMENT FUND)
SSRA outdoor leadership courses that qualify for LEAF funding:

SSRA 242 – Wilderness First Responder
SSRA 244 – Swift Water Rescue
SSRA 248 – Climbing Wall Instructor
SSRA 332 – River Guide Leadership
SSRA 300 – Outdoor Sport Climb Instructor
SSRA 240 - Wilderness First Aid
SSRA 334 – Sea Kayaking Guide Leadership
SSRA 350 – Advanced Kayaking
SSRA 380 – Outdoor Leadership
SSRA 331 - Canoe Guide Leadership

TO BE COMPLETED BY THE STUDENT:
Scholarships will be based on financial need and the merits of each case. Preference given to underclassmen. In order to help us determine your financial need for eligibility for LEAF, please type any additional pertinent information on a separate sheet of paper and attach it to this application.

Name ____________________________________________________________

WID # __________________ Anticipated Graduation____________________

Which SSRA course are you requesting assistance for? __________________ Fall ☐ Spring ☐

Are you eligible for work study?__________

Have you already received LEAF funding for other courses?__________________________

Are you planning to apply to be a, outdoor New Student Orientation (NSO) trip leader, OP leader and/or SSRA instructor? If so, which?

____________________________________________________________

I authorize the Financial Aid Office to release the information below.

_______________________________________________

Signature of Student Date

Submit completed application to the Financial Aid Office (MEM 123), attention: Dorie Moore, Applications processed on rolling basis until end of registration period deadline. finaid@whitman.edu

TO BE COMPLETED BY THE FINANCIAL AID OFFICE:

A. 2021-22 Family Contribution: __________

B. 2021-22 Financial Need: __________

C. 2021-22 Total Financial Aid: __________

   (a) Total Merit-based: __________

   (b) Total Loans & Employment: __________

D. 2021-22 General COA: __________

Signature of Financial Aid Official: ________________________________

Name: __________________________ Date: __________

TO BE COMPLETED BY LEAF ADMINISTRATOR:

A. Need Calculation:

B. Course fee x need calculation:

C. Notes:

D. LEAF Scholarship granted:

Signature of LEAF Official: ________________________________

Date: __________