



STEP: Student Expedition Program Application 2008-2009

TO QUALIFY FOR STEP:

- You must be 15-18 years old (9th-12th grade);
- You must be doing well in school (GPA approximately 3.0 or higher);
- You must qualify (or be close to qualifying) for free or reduced lunch;
- You must have a strong desire to obtain a 4-year college degree;
- You must be a citizen of the U.S. or a permanent resident.

PLEASE NOTE: Due to the remote wilderness conditions and inaccessibility of medical facilities, STEP cannot accept students with chronic medical conditions on its field experiences. These conditions include, but are not limited to, asthma, seizure disorders, diabetes, or a history of anaphylactic reactions to food or insect bites. Additionally, because of the size of the kayaks, you must have a waist and hip measurement of 48 inches or less. All applicants will be required to undergo a medical clearance and physical exam performed by a physician prior to final acceptance into the Student Expedition Program.

Please complete:

1. PART I (Applicant and Family Personal Information),
2. PART II (Essay Questions), and have
3. PART III (two Recommendations from a Teacher, Counselor, or Mentor) completed on your behalf.

Please make sure every single question is completely answered before submitting your application. Questions often missed include: a) yearly household income; b) total number of people in household; c) grade point average (GPA).

Return all completed materials to the person who gave you the application. You can also mail your completed application materials to Alma Moodie, 6336 North Oracle Road, Suite 326-326, Tucson, AZ 85704. *Please keep a copy of your completed application.* A completed application packet includes Part I (Applicant and Family Personal Information), Part II (Essay Questions), and Part III (two Recommendations).

Your application is due no later than November 24, 2008.

PART I: Applicant and Family Personal Information

A) Applicant's Information:

Name: _____
First Middle Last Preferred

Current Address (include apt. #, box #, etc.): _____
Street

City _____ State _____ Zip _____

Home Phone: _____ Cell Phone: _____ E-mail address: _____

Birth Date: _____ / _____ / _____ Sex: (check one) F M Height: _____ Weight: _____
Month Day Year

Yearly Household Income: _____ Total number of people in household: _____

Responding to ethnic origin is optional. Please check the box that best describes you: Hispanic Asian
 American Indian African American Caucasian Pacific Islander Other _____

B) Education:

Yes No

Name of High School: _____ Currently on free or reduced lunch?

Are you currently enrolled: Yes No Grade: _____ Grade Point Avg. (GPA): _____

My highest educational goal is to graduate from (circle one):
High School 2-Yr. College 4-Yr. University Graduate School

C) Parent or Guardian Information:

Mother (or Guardian): _____ Father (or Guardian): _____

Address: _____ Address: _____

City State Zip City State Zip

Phone: Day (____) _____ Eve. (____) _____ Phone: Day (____) _____ Eve. (____) _____

Occupation: _____ Occupation: _____

Employer: _____ Employer: _____

E-mail: _____ E-mail: _____

D) Person to notify in case of emergency:

All applicants must identify a person to contact in case of an emergency:

Name: _____ Phone: Day (____) _____ Eve. (____) _____

Address: _____
Street City State Zip

Relationship to applicant: parent guardian other relative: (specify) _____ spouse mentor friend

Please answer Yes or No to the following questions: Do you have or have you ever had asthma? _____ Do you use an inhaler? _____ Have you ever been hospitalized for asthma? _____ Have you ever had a seizure? _____ Have you ever had an allergic reaction? _____ Do you carry an epi-pin? _____ Do you have diabetes? _____

I understand that my acceptance into the STEP program is contingent on the review and approval of my completed Medical Form by both STEP and NOLS, and that NOLS retains the right to deny admission to anyone they believe to be unable to meet the physical, mental, social, or safety demands of their course. I understand that should I leave the STEP/NOLS expedition early for medical reasons, STEP is responsible to reimburse NOLS for evacuation and travel expenses incurred. I also understand, accept, and agree that should I leave the STEP/NOLS expedition for non-medical reasons, I or my legal guardians are responsible to reimburse NOLS for expenses incurred. I have read, understand, accept and agree to abide by the rules, policies and guidelines set forth in the NOLS information and the program commitments set forth in the STEP information. I give STEP and NOLS permission to share my contact information with other STEP and NOLS students or graduates and/or with environmental organizations, schools, or strategic partners in which STEP and NOLS graduates may be interested. I also give STEP and NOLS permission to use my name and picture in promotional materials.

Signature of Applicant: _____ **Date:** _____

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

_____ **Date:** _____ **Next page** →

PART II. Essay Questions

INSTRUCTIONS: Please type or neatly write your responses on a separate sheet(s). Your responses to these questions are the core of your application. It is important that you put a lot of thought and care in writing your responses.

1. Why are you interested in STEP?
 2. Please list your extra curricular interests (hobbies, athletics, clubs, summer activities, etc.), leadership positions you've held, or awards/recognition you've received.
 3. What are your personal strengths and weaknesses?
 4. You indicated your highest educational goal on the front side of this application. Please describe why you chose this goal and how you intend to reach your goal.
 5. Describe an event or experience in your life that has caused you to think in new ways.
 6. Describe a person who has had a positive impact on your life and explain how.
 7. What career or careers are you interested in at this time?
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