APPLICATION FOR ADMISSION
TO THE ANAKE OUTDOOR SCHOOL

Thank you for applying to the Anake Outdoor School. Along with this form, please include a cover letter that answers:

1. Why do you wish to enroll in the Anake Outdoor School?
2. Why you consider yourself an excellent candidate?
3. What you hope to accomplish by graduating from the Anake Outdoor School?

Please be sure to:
1. Type or print in ink.
2. Attach your cover letter.
3. Sign and date the application.
4. If you are applying for a scholarship from Wilderness Awareness School, include your scholarship application.

Send completed application packets to:

Wilderness Awareness School, Attn: Seb Barnett
PO Box 219, PMB 137
Duvall, WA 98019

Or email to: seb@wildernessawareness.org

Wilderness Awareness School is a division of the Awareness Society, a non-profit organization, recognized as a Federal Tax Exempt Organization under I.R.S. code section 501(c)(3).

Wilderness Awareness School does not discriminate on the basis of race, color, religion, age, sex, disability, creed, national or ethnic origin, or sexual orientation.

Wilderness Awareness School is an equal opportunity employer.
1. Applicant (legal name) Last ____________________ First ____________________ MI __

2. Social Security Number* __________ - __________ - __________
   (*As required by Washington State law)

3. **Mailing Address:**
   Number and Street ___________________________ Apt.________
   City ___________________________ State ______ Zip _______ Country __________

4. How long is your mailing address valid? Indefinitely __ or until ______________________

5. **Permanent Address:** (if different from mailing address)
   Number and Street ___________________________ Apt.________
   City ___________________________ State ______ Zip _______ Country __________

6. Telephone(s) ( _______ ) ______ - ________,   ( _______ ) ______ - ________
   circle: home, work, cell  circle: home, work, cell

7. Email Address ____________________________

8. Date of Birth _________ / _________ / _________

9. Gender __________________

10. Country of Citizenship: U.S.A. __ or Other: ______________________

11. Highest Grade Completed:
    _____ Less than high school graduation
    _____ High School Graduate   Graduation Date _________________
    _____ GED   Date GED Attained _________________
    _____ Some post high school, no degree or certificate
    _____ Certificate (< 2 years)   Name of Certificate ______________________
    _____ Associate Degree (Year:__________)   Major ______________________
    _____ Bachelor Degree or above (Year:__________) Major ______________________

    Name and Address of Last School Attended __________________________
    __________________________

12. **Current / Most Recent Employment:**
    Name and Address of Employer __________________________
    __________________________

13. Do you have any medical, physical, or psychological conditions, which may influence your ability,
    or may require special adaptation, to complete your training in the program? Use a separate sheet if
    necessary. Please take your time and answer as honestly as possible so that we may work together
    to the best of our abilities.
    __________________________
    __________________________

Wilderness Awareness School, PO Box 219, PMB 137, Duvall, WA (425)-788-1301
Anake Outdoor School Application, Page 2 of 3
14. Have you previously applied for admission to the Anake Outdoor School?  
   _____ No       _____ Yes       Year: _____________

15. Are you planning to apply for college credit for this program?  
   _____ No       _____ Yes

16. How did you hear about the Anake Outdoor School?  
   ________________________________________________

17. How do you plan to finance your participation at the Anake Outdoor School?  
   _____ Sufficient funds to pay in full  
   _____ Sufficient funds to pay at the established payment schedule  
   _____ I’ll need to get a loan to pay for the program  
   _____ I’ll need to work during the program to make the final tuition payment  
   _____ I’ll need to work during the program and get a loan  
   _____ Don’t know

Comments ________________________________________________

18. Please provide two references we can contact. (work or school-related references preferred)  

   Reference 1:  
   Name: First __________________________ Last __________________________
   Email Address ____________________________________________
   Phone: Daytime ______________ Evening __________________________
   Relationship ______________________________________________

   Reference 2:  
   Name: First __________________________ Last __________________________
   Email Address ____________________________________________
   Phone: Daytime ______________ Evening __________________________
   Relationship ______________________________________________

19. In signing this form, I certify that to the best of my knowledge statements I have made in this application are complete and true. I understand that my application is incomplete without my signature below.

   ___________________________       __________________________
   Signature of Applicant       Date