



Please answer all the questions below. If you are of legal age and self-supporting, you need not fill out sections referring to parents or guardians. If you are under 21 or partially supported by a parent or guardian, these sections must be completed and their signatures included.

I have attached, along with this completed application, my:

- 1040 tax forms or equivalent
- Statement of Financial Need (written by parents/guardians if applicant is a dependent)
- Letter of Motivation (written by applicant only)
- Enrollment Form with App Fee (unless enrolled online or by phone)

Send your completed application to us

**By Mail:** North Carolina Outward Bound  
c/o: Student Services Department  
2582 Riceville Road  
Asheville, NC 28805

**By Fax:** 828-298-8660 with cover sheet to  
c/o: Student Services

## Applicant Information

Applicant Name \_\_\_\_\_

Permanent Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

E-mail \_\_\_\_\_

Phone: Home (\_\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_\_) \_\_\_\_\_

Age \_\_\_\_\_ Gender  Male  Female

Marital Status \_\_\_\_\_

School or Employer \_\_\_\_\_

**A. Have you lived or will you live with your parent(s) for at least six weeks...**

in the past 12 months?  Yes  No

in the next 12 months?  Yes  No

**B. Did or will your parent(s) claim you on...**

last year's tax return?  Yes  No

this year's tax return?  Yes  No

**C. Did or will your parent(s) give you more than \$1,000 support...**

last year?  Yes  No

this year?  Yes  No

**D. List the types and amounts of any outstanding loans.**

\_\_\_\_\_  
\_\_\_\_\_

## Course Information

Course Number \_\_\_\_\_ Dates \_\_\_\_\_

## Parent/Guardian (if applicant is a dependent)

Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

E-mail \_\_\_\_\_

Phone: Home (\_\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_\_) \_\_\_\_\_

Phone: Work (\_\_\_\_\_) \_\_\_\_\_

Occupation/Employer \_\_\_\_\_

Marital Status \_\_\_\_\_

**Parent/Guardian(s) Signature**

\_\_\_\_\_ **Date** \_\_\_\_\_

## Income Information

Parents/Guardians Applicant/Spouse

### Annual Income

Salary Before Taxes \_\_\_\_\_

Other Income \_\_\_\_\_

(interest, dividends) \_\_\_\_\_

Support \_\_\_\_\_

### Total

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Total

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Total

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Total

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Estimate of Need

\$ \_\_\_\_\_ Course Tuition Only (fees not included)

\$ \_\_\_\_\_ Amount I can Provide

\$ \_\_\_\_\_ Amount of Aid from Other Sources

\$ \_\_\_\_\_ Net Amount Needed as Financial Aid

**I (We) declare that the information provided is true and complete. I (We) have enclosed a copy of my (our) 1040 tax form(s). SIGNATURES REQUIRED.**

**Applicant Signature**

\_\_\_\_\_ **Date** \_\_\_\_\_