



## Taylor Scholarship Application Form

Full name (please print): \_\_\_\_\_ DOB: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Mobile: \_\_\_\_\_ Other: \_\_\_\_\_  
Email: \_\_\_\_\_

### Requirements:

\_\_\_\_\_ I affirm that I am a citizen of the United States of America.

\_\_\_\_\_ I am currently enrolled in the course for which I am requesting a scholarship. I have already paid the course costs in full for the following:

Course Name: \_\_\_\_\_

Sponsor/Location: \_\_\_\_\_ Dates: \_\_\_\_\_

### Eligibility - please indicate all that apply:

\_\_\_\_\_ Actively employed or involved in one or more of the following:

\_\_\_\_\_ Public Safety

\_\_\_\_\_ Rescue, Fire

\_\_\_\_\_ Emergency Medical Services

\_\_\_\_\_ Out-of-Hospital Care Providers

\_\_\_\_\_ Disaster Response

\_\_\_\_\_ USFS, Fish and Wildlife personnel and similar

\_\_\_\_\_ NPS, State Parks personnel and similar

\_\_\_\_\_ Seeking employment or involvement in the above

\_\_\_\_\_ Landmark Learning Alumni

**Required attachments:**

\_\_\_\_\_ Minimum 1-page written response to the following questions:

- What role do you play/how do you participate in the outdoor community?
- How will your Landmark Learning course help you to be a stronger member of the outdoor community?
- What does risk management in an outdoor/wilderness environment mean to you?

\_\_\_\_\_ 2 professional letters of reference.

**Statements of agreement** - please initial each paragraph after reading:

I understand that if my application packet is incomplete it will not be considered for a scholarship. Additionally, I understand that a complete application packet is not a guarantee of a scholarship award. \_\_\_\_\_

After successful course completion I will submit a reflection of my course experience to the Landmark Foundation. If I do not submit this reflection within 6 months of the course close date I forfeit my scholarship. Upon submission, the Landmark Foundation will send my scholarship via check to the address on this application. \_\_\_\_\_

I grant Landmark Learning Inc., and the Landmark Foundation Inc., the right to use, reproduce, assign and/or distribute photographs, films, videotapes, and sound recordings of me for use in materials they may create. \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please submit your complete application packet via mail to:

Justin Padgett, Chair  
The Landmark Foundation  
PO Box 1888  
Cullowhee, NC 28723