

# 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 387** – Adv. Climb: Single Pitch Inst.  
**SSRA 331** - Canoe Guide Leadership  
SSRA 342 Wilderness Exp.: Sea Kayaking

### 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).**

**Applications processed on rolling basis until end of registration period deadline. [finaid@whitman.edu](mailto:finaid@whitman.edu)**

#### TO BE COMPLETED BY THE FINANCIAL AID OFFICE:

A. 2024-25 Family Contribution \_\_\_\_\_

B. 2024-25 Financial Need: \_\_\_\_\_

C. 2024-25 Total Financial Aid: \_\_\_\_\_

(a) Total Merit-based: \_\_\_\_\_

(b) Total Loans & Employment: \_\_\_\_\_

D. 2024-25 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: \_\_\_\_\_