



ALDERLEAF WILDERNESS COLLEGE

Center for Traditional Ecological Knowledge

APPLICATION FOR ADMISSION TO THE ALDERLEAF WILDERNESS CERTIFICATION PROGRAM

Applicant (legal name) Last _____ First _____ MI _____

Address _____

City _____ State _____ Zip _____ Country _____

Home Phone _____ Cell Phone _____

Email _____

Date of Birth _____ Gender: Male Female

Highest Level of Education Completed (check one) GED High School Diploma

Associate Degree Bachelor Degree Masters Degree

Name of Last School Attended _____

Name of Current / Most Recent Employer _____

Please provide a reference we may contact (work or school-related is preferred):

Name _____ Relationship _____

Email _____ Phone _____

Do you have any medical conditions that may affect your ability (or require special adaptation) to complete the course? _____ If so, please explain so that we may work together to the best of our abilities. _____

Are you planning to seek college credits for your participation in the program? _____

How did you hear about Alderleaf Wilderness College? _____

Would you be interested in finding out more about on-campus housing? _____

How do you plan to finance your participation in the program? (check one)

Sufficient funds to pay in full or by the payment schedule

Will need to work during the program and/or get a student loan to pay tuition

Signature _____ Date _____

(I certify that the information I have provided on this form is complete and true to the best of my knowledge)

Please complete this form along with a cover letter that describes why you wish to attend the program and how you hope to use the education provided. Completed applications should be mailed to:

Alderleaf Wilderness Certification Program

17921 175th Place SE

Monroe, WA 98272