

**APPLICATION FORM**

Student Name \_\_\_\_\_ Gender \_\_\_\_\_ Age \_\_\_\_\_ Birthdate \_\_/\_\_/\_\_

STREET /PO BOX \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE \_\_\_\_\_ EMAIL \_\_\_\_\_

Circle the semester you are applying for:      VT-Ecuador Semester 2007      VT Semester 2008

How did you hear about Kroka Semester Programs? \_\_\_\_\_

**FAMILY INFORMATION:**

**Parents and/or adults in Household 1 (where correspondence should be sent)**

1. \_\_\_\_\_  
Name \_\_\_\_\_ Employer/Position \_\_\_\_\_

Employer Address \_\_\_\_\_

Work Phone \_\_\_\_\_ Work E-mail \_\_\_\_\_ Home E-mail \_\_\_\_\_

2. \_\_\_\_\_  
Name \_\_\_\_\_ Employer/Position \_\_\_\_\_

Employer Address \_\_\_\_\_

Work Phone \_\_\_\_\_ Work E-mail \_\_\_\_\_ Home E-mail \_\_\_\_\_

**Other members of Household 1:**

Name \_\_\_\_\_ Age \_\_\_\_\_ Relationship to applicant \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Relationship to applicant \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Relationship to applicant \_\_\_\_\_

**Household 2 Address:**

Street/PO Box \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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Phone

E-mail

**Parent(s) and/or adult(s) in Household 2**

1.

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Name

Employer/Position

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Employer Address

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Work Phone

Work E-mail

2.

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Name

Employer/Position

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Employer Address

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Work Phone

Work E-mail

-over-

**Other members of Household 2:**

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Name

Age

Relationship to applicant

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Name

Age

Relationship to applicant

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Name

Age

Relationship to applicant

**Please list any pertinent custody information on a separate piece of paper.**

**SCHOOL INFORMATION:**

**CURRENT SCHOOL:**

**CURRENT GRADE:**

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Address

City

State

Zip

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Dates Attended

Boarder or Day Student

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Academic Advisor/Guidance Counselor

Phone

**PREVIOUS SCHOOL:**

**GRADE COMPLETED:**

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Address

City

State Zip

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Dates Attended

Boarder or Day Student

PREVIOUS SCHOOL: \_\_\_\_\_ GRADE COMPLETED: \_\_\_\_\_

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Address	City	State	Zip
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Dates Attended	Boarder or Day Student
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Please list any other schools attended on a separate sheet.

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Applicant's signature	Date	Parent or Guardian signature(s)
Date		

**"CHECKLIST"** (your application will be complete when we receive all of the following):

- ⊖ Application Form
- ⊖ Essay answers
- ⊖ Medical Form
- ⊖ Three recommendations: one each from your parent/s, a teacher, and a person of your choice who knows you well outside of school. Please make copies of the enclosed form as needed.
- ⊖ School transcripts, if applicable.
- ⊖ \$ 100 Non-refundable application fee.

**Thank you for applying. We will contact you for an interview after reviewing your application.**

**Please mail all of the above to:**

**Kroka Expeditions, attn. Lisl Hofer, Semester Programs Coordinator, 767 NH Rte 123, Marlow, NH 03456**

***Essay Questions:***

*Please hand write (preferred) or type your answers on a separate piece of paper. Your answers may be as long or as short as you need to express yourself.*

1. Why would you like to be a part of this program?

2. Tell us about yourself as a person:

What are your interests/hobbies?

What are goals that you have in your life for right now?

How do you express yourself creatively?

How would you describe your strengths and your weaknesses?

3. Tell us about yourself as a student:

Which subjects interest you?

Which subjects are hardest for you?

How do you best learn: by seeing, listening, actively doing, reading, discussions, etc.?

4. What do you think would be most challenging about this program for you?

5. Please share with us outdoor experiences you have had or ways how you enjoy the outdoors.

6. Tell us about a friend, teacher, or someone you know of who has been a big influence for you.

7. Please let us know about any physical or dietary limitations you have.

8. Please share with us anything else you would like to help us get to know you.