Dear Teacher or Administrator:

Kroka is committed to making our programs available to any school that shares our deep convictions and desire for transformative outdoor experience for young people.

Information on this form will be kept confidential and restricted only to those members of the Kroka scholarship committee.

Decisions will be made within two weeks of receiving your completed application. Your deposit may be refunded if you are not satisfied with your award.

Kroka's regular tuition for this program;

\[
\text{Program Rate} \times \text{# of Days} \times \text{# of Students} = \text{Full Regular Tuition Cost}
\]

**PROJECTED AMOUNT** that school will pay (per student) from tuition & savings:

**PROJECTED AMOUNT** that parents will pay (per student):

Amount projected to earn from student and family fundraising activities:

Amount from other institutional fundraising:

(grants, major donors):

**REQUEST:** Total Amount we are requesting from the Kroka Scholarship Fund:

**SCHOOL INFORMATION**

- What year was this school founded?
- What is the current enrollment of the school [all grades]?
- What is the full tuition rate for a student [from this grade] to attend your school?
- What percentage of families receive financial aid?
- What is the annual salary offered to a new class teacher?

**PLEASE ATTACH a COPY of your school’s annual operating budget.**

Please supply as much additional information as possible to provide a complete picture of your school’s financial situation:

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**FOR OFFICE USE ONLY:**

- Date Received
- Reviewed by
- Suggested Award
- Offered
- Finalized

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