



Registration Information

Please take your time and print legibly. Thank You!

Student's Full Name:

Program Name:

Program Start Date:

Dear Parents/Guardians: Kroka Expeditions is committed to making our programs available to any student who has a deep desire and interest in attending.

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.

1

Kroka's **regular TUITION** for this program (or programs) (When applicable, use the appropriate sliding scale tuition based on your household(s) annual income)

2

MAXIMUM AMOUNT that our household(s) supporting adults could pay towards this tuition (if we really stretch):

3

STUDENT CONTRIBUTION: amount that student can contribute from his or her own work and savings and fundraising efforts:

4

Financial support from grandparents or other friends / family:

5

Financial support from other local SCHOOL or COMMUNITY CAMP SCHOLARSHIP PROGRAMS:

6

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

for SUMMER PROGRAM APPLICANTS:

PLEASE ATTACH a COPY of the FIRST 2 PAGES of your most recent IRS Income Tax Form 1040.

for SEMESTER PROGRAM APPLICANTS:

PLEASE ATTACH a FULL COPY (with attached schedules) of your most recent IRS Income Tax Form 1040.

if PARENTS live in TWO SEPARATE HOUSEHOLDS:

PLEASE include forms from each household, and clearly explain legal financial and custodial responsibilities of all adults involved.

NOTE: This is page one of two:

PLEASE complete PAGE 2
Feel free to attach additional pages as necessary to fully explain your family's financial situation.

Please know that Kroka has no endowment fund. Our ability to provide scholarship support comes from the generosity of our parent and student community and the incredible hard work and dedication of our staff, who work long hours for modest pay. We live and work frugally so that as many students as possible can come to Kroka. We are committed to making it possible for all families to attend. It will require hard work and sacrifice from all of us, (including you), but the rewards of what we can accomplish together make it all worthwhile.

FOR OFFICE USE ONLY:

Date Received

Reviewed by

Suggested Award

Offered

Finalized



Registration Information

Please take your time and print legibly. Thank You!

Student's Full Name:

Program Name:

HOUSEHOLD #1 INFORMATION

HOUSEHOLD #2 INFORMATION
(for students with parents in different households)

Adult Names:

Relationship to student:

Legal

Employer(s):

Occupation/Position(s):

of people in household:

IRS 1040 Annual Adjusted Gross Income

ANNUAL EXPENSES:

College or private school tuition

Other

MONTHLY EXPENSES:

Housing mortgage

Housing rent

Housing utilities

Child Care & Extracurricular Activities

Automobile expense (gas, loans, repairs)

Health Insurance & Medical costs

Other (please explain)

Is there anything else that you would like us to know?