

KROKA EXPEDITIONS SEMESTER PROGRAM APPLICATION FORM

Student Name _____ Gender _____ Age _____ Birthdate ____/____/____

STREET/PO BOX _____ CITY _____ STATE _____ ZIP _____

PHONE _____ EMAIL _____

Circle the semester you are applying for: NH-Ecuador Semester 2010 NH-Vermont Semester 2010

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 _____

Phone _____ E-mail _____

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

1. Name _____ Employer/Position _____

Employer Address _____

Work Phone _____ Work E-mail _____

2. _____

Name _____ Employer/Position _____

Employer Address _____

Work Phone _____ Work E-mail _____

Other members of Household 2:

Name _____ Age _____ Relationship to applicant _____

Name _____ Age _____ Relationship to applicant _____

Name _____ Age _____ Relationship to applicant _____

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

SCHOOL INFORMATION:

CURRENT SCHOOL: _____ **CURRENT GRADE:** _____

Address _____ City _____ State _____ Zip _____

Dates Attended _____ Boarder or Day Student _____

Academic Advisor/Guidance Counselor _____ Phone _____

PREVIOUS SCHOOL: _____ **GRADE COMPLETED:** _____

Address _____ City _____ State _____ Zip _____

Dates Attended _____ Boarder or Day Student _____

PREVIOUS SCHOOL: _____ **GRADE COMPLETED:** _____

Address _____ City _____ State _____ Zip _____

Dates Attended _____ Boarder or Day Student _____

Please list any other schools attended on a separate sheet.

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

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

- Ø Application Form
- Ø Essay answers
- Ø Medical Form
- Ø 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.
- Ø School transcripts, if applicable.
- Ø \$ 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