



Scholarship Application

Vision: Empowering future leaders to impact the world for Christ.

Mission: Link Year develops dynamic Christian leaders through life-changing experiences, Godly relationships, and spiritual training.

Thank you for your interest in the Link Year financial scholarship program. This scholarship program is offered to prospective students with financial, spiritual, and emotional needs. Link Year's mission is to develop dynamic Christian leaders through life-changing experiences, Godly relationships, and spiritual training. It is our goal to help as many students as possible.

Applying for scholarship assistance does not register a student or guarantee the student a spot. Registration and enrollment in the Link Year program is separate from scholarship assistance.

To request financial assistance please follow the guidelines below:

1. Submit completed scholarship application. Please be sure we have your correct e-mail address.
2. Submit 1,000 word essay answering the following questions:
 - How would a scholarship to Link Year contribute to your immediate and long term plans?
 - Describe your personal/family's financial situation and the need for scholarship assistance.
 - Describe your past jobs or current job, and your plan to help pay the remaining balance of tuition.
 - What gifts, skills, or hard work could you contribute to Link Year to earn a scholarship?
 - Share a personal experience in which you understood the need to have a solid Biblical Worldview.
3. Submit a copy of the most recent tax return (Page 1& 2 of the 1040 or page 1 of the 1040 EZ) for the person who will be financially responsible for paying tuition.

All information is confidential and is used solely for determining scholarship need and eligibility.

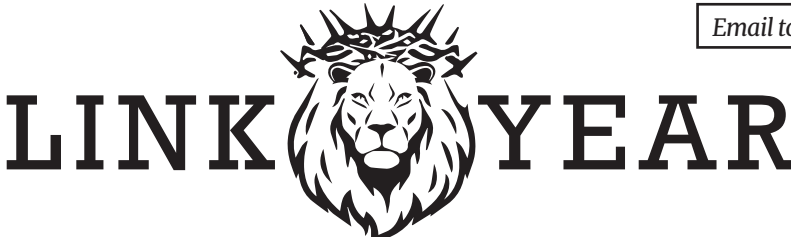
Please send required information to:

Email:

Scholarships@linkyear.com

or mail to:

Link Year
Scholarship Coordinator
1353 Lake Shore Drive
Branson MO 65616



2024-2025 Link Year Scholarship Application

Male Female # of Children in Family _____

Student's First Name (what Kamper goes by) _____ Student's Last Name _____

Student's First Name (legal name) _____ Student's Grade _____ Student's Cell Phone Number _____ - _____

Home Address _____

City _____ State _____ Zip Code _____ Age _____ Date of Birth _____ / _____ / _____

Home Phone Number _____ - _____ Father's Cell Phone Number _____ - _____ Mother's Cell Phone Number _____ - _____

Parent/Guardian Greeting (for example: Mr and Mrs, Dr, Rev, Col, Lt...etc.) _____ Are both parents living? Yes No Student is living with: Both Parents Father Mother Student's School: _____

Father's First Name _____ Mother's First Name _____

Father's Last Name _____ Mother's Last Name _____

Father's Date of Birth _____ / _____ / _____ Mother's Date of Birth _____ / _____ / _____

Business Name (Father) _____

Business Address _____

City _____ State _____ Zip Code _____

Occupation _____ Work Phone and Extension _____

Business Name (Mother) _____

Business Address _____

City _____ State _____ Zip Code _____

Occupation _____ Work Phone and Extension _____

Father's E-mail Address for Account Access _____

Mother's E-mail Address for Account Access _____

Student's E-mail Address for Web Access _____

If someone other than the parent/guardian is responsible for payment, or you want your bill sent to a different address, then complete the "Alternate Billing" section below.

Alternate Billing Name _____ Date of Birth _____ / _____ / _____ Alternate Billing Phone Number _____ - _____

Alternate Billing Address _____

City _____ State _____ Zip Code _____ Send Billing and Refunds to: Home Address Business Address Alternate Address

Adjusted gross income reported on previous year's 1040 (Line 11) _____

Father _____ Mother _____

Please briefly describe the circumstances that have created a financial, spiritual, or emotional need for your family

***Students - please write a 1000 word essay answering the questions listed on the cover page of the scholarship application.**

Note: Link Year does not have the staff or facilities to properly care for students who have medical, social, behavioral, or psychological needs that require care beyond basic first aid.

I have read the cover page/scholarship requirements and I understand this application does not reserve a spot for the student listed above at Link Year.

Signature of Parent/Guardian _____ Date _____

Signature of Student _____ Date _____