



Scholarship Application

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

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

Thank you for your interest in the Kanakuk 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. Once you are notified and accept a scholarship, you will be able to register for the Link Year program.

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?
 - Why should Link Year choose to invest in you for a scholarship?
 - 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 custodial parent/guardian's most recent tax return (Page 1 & 2 of the 1040 or page 1 of the 1040 EZ).

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:

Kanakuk Link Year
Scholarship Coordinator
1353 Lake Shore Drive
Branson MO 65616



LINK YEAR

2022-2023 Link Year Scholarship Application

Kanakuk Ministries

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? <input type="checkbox"/> Yes <input type="checkbox"/> No					Student is living with: <input type="checkbox"/> Both Parents <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Other: _____					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 Name (Mother)									
Business Address										Business Address									
City					State		Zip Code			City					State		Zip Code		
Occupation					Work Phone and Extension					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									
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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:				
															<input type="checkbox"/> Home Address <input type="checkbox"/> Business Address <input type="checkbox"/> Alternate Address				

Adjusted gross income reported on previous year's 1040 _____

Father _____ Mother _____

Please 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: Kanakuk 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 my child at Kanakuk Link Year.

Signature of Parent/Guardian _____ Date _____