



KROC ACADEMY KERRVILLE

Scholarship Instruction Sheet – Summer Camp 2026

Please read carefully and follow the step-by-step instructions to complete your scholarship application.

1. This packet includes the Scholarship Agreement Form, Scholarship Application and Worksheet.
2. Please read and sign the Scholarship Agreement Form.
3. Completely fill out the Scholarship Application AND provide copies of all income verification as outlined in the application.
4. **Due date:** Return completed and signed Scholarship Application AND Scholarship Agreement Form in an envelope to the Kroc Academy Front Desk no later than Friday May 1st, 2026.
5. Incomplete applications will not be considered until all paperwork and supporting documents are received.
6. All scholarship allocations will be made by Friday May 15th, 2026 and will be applied from June 1st to July 31st, 2026.

If you have any questions, please reach out to the Kroc Academy Manager

Elzeth Hetzler at elzeth.hetzler@uss.salvationarmy.org or 830-285-3192.



KROC ACADEMY KERRVILLE

Scholarship Application and Agreement Form – Summer 2026

Kroc Academy Scholarship Program

We believe that every child deserves the opportunity to learn, grow, and thrive. For individuals and families facing financial hardship, we offer assistance to help make Kroc Academy memberships and youth camp fees more accessible. If cost is a barrier, we encourage you to apply for a scholarship at a discounted rate. We're here to support you—because every child is worthy of the chance to shine.

Please read carefully

- Complete the attached application and provide copies of proof of **all** income. (Acceptable proof: two current pay stubs, TANF notice, child support, Social Security, SNAP letter, unemployment statements, Federal Tax Return, etc.). If self-employed, a letter of estimated monthly income must be provided.
- Submit completed application and paperwork to the Kroc Academy by Friday May 1st, 2026. **Incomplete applications will be returned. Any information found to be fraudulent will result in loss or denial of the scholarship award.**
- Completion of the application does not guarantee financial assistance. Scholarships will be awarded based on eligibility and available funding.
- All requests will be responded to by email. If approved, the applicant is invited to return to the Kroc Academy to complete membership enrollment within 14 days of award. **Award recipients that do not come in to sign up for programs within 14 days will NOT be eligible to use the scholarship.**
- Scholarship recipients are expected to financially contribute toward the program. 100% scholarships will not be awarded.
- Please be prepared to pay your initial payment and any applicable registration fees at time of enrollment and continue to follow the payment schedule according to

established policies. A lapse in payment may result in termination of the scholarship award and program enrollment.

- Registration fees **cannot** be waived. There is no scholarship benefit for items that fall outside of programs (such as food at the concession or merchandise, etc.)
- Reapplication will be required for the next program session – Afterschool Care 2026 – 2027.
- **All Scholarships are confidential.** Applicants agree to refrain from discussing awards with others.

Applicant contact information:

First name:

Last name:

E-mail address:

Contact number:

Please sign as verification of your understanding and acceptance of The Salvation Army Kroc Academy scholarship program.

Signature:

Date:

For office use only:

_____ Applicant info complete

_____ Proof of income

_____ Agreement signed

_____ Worksheet signed

Date received _____



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Scholarship Worksheet

List ALL individuals in the household, including the applicant

	Last name	First name	Age	Relationship	Applicant
1					
2					
3					
4					
5					
6					
7					
8					

Monthly Income:

- | | | | |
|---|-------|--|-------|
| <input type="checkbox"/> Husband - employment | _____ | <input type="checkbox"/> Child support* | _____ |
| <input type="checkbox"/> Wife - employment | _____ | <input type="checkbox"/> Food stamps | _____ |
| <input type="checkbox"/> Other employment | _____ | <input type="checkbox"/> Other income | _____ |
| <input type="checkbox"/> TANF | _____ | <input type="checkbox"/> Social security | _____ |
| <input type="checkbox"/> Disability | _____ | <input type="checkbox"/> SSI | _____ |

Total income _____

** If single parent household with '0' child support, please provide written documentation to explain why.*

I certify that all information contained in this application is complete and accurate. I understand that giving false information could result in my application being denied. I also understand that by completing this application I am not guaranteed a scholarship.

Signature _____

Date _____

For office use only:

Approved _____ %

Declined

Wait listed

Signature of employee reviewing

Date