

As part of the eligibility requirements of The Kroc Scholarship Program, an adult member of the scholarship plan must complete two Life Skill credits OR opt into the Facility Usage Opportunities to be eligible to renew your scholarship. **Completed form must be turned in to The Kroc Center Front Desk to receive credit. Submit this form 1-2 weeks prior to scholarship expiration date; otherwise, the renewal process will be delayed.**

**KROC MEMBER INFORMATION**

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_ MEMBER # \_\_\_\_\_

LIFE SKILLS OPTION

**PLEASE INDICATE WHAT CREDITS YOU HAVE COMPLETED.**

I VOLUNTEERED IN MY COMMUNITY FOR 2-HOURS

NAME OF ORGANIZATION \_\_\_\_\_ DATE OF VOLUNTEER WORK \_\_\_\_\_

NAME OF SUPERVISOR \_\_\_\_\_ NUMBER OF HOURS \_\_\_\_\_

SUPERVISOR SIGNATURE \_\_\_\_\_

I TOOK A CLASS AT THE KROC OR THE KOOTENAI RECOVERY COMMUNITY CENTER

NAME OF CLASS _____	NAME OF CLASS _____
DATE OF CLASS _____	DATE OF CLASS _____
INSTRUCTOR SIGNATURE _____	INSTRUCTOR SIGNATURE _____

I GOT A WELLNESS EXAM

NAME OF PHYSICIAN \_\_\_\_\_

DATE OF EXAM \_\_\_\_\_

NAME OF CLINIC \_\_\_\_\_

SIGNATURE OF PHYSICIAN \_\_\_\_\_

I COMPLETED KROC FIT45 WITH ACTIVTRAX

DATE OF COACHING \_\_\_\_\_

KROC COACH NAME \_\_\_\_\_

SIGNATURE OF KROC COACH \_\_\_\_\_

I ATTENDED KROC CHURCH

DATE OF SERVICE \_\_\_\_\_

KROC MINISTRY TEAM SIGNATURE \_\_\_\_\_

I DONATED BLOOD

DATE OF DONATION \_\_\_\_\_

INBC SIGNATURE \_\_\_\_\_

FACILITY USAGE OPTION

**PLEASE INDICATE WHICH PLAN APPLIES TO YOU:**

- I VISITED THE KROC AT LEAST 48 TIMES  
(1 PERSON PLAN REQUIRES 48 VISITS PER YEAR)
- MY FAMILY VISITED THE KROC AT LEAST 120 TIMES  
(2-5 PEOPLE PER PLAN REQUIRES 120 VISITS PER YEAR)
- MY FAMILY VISITED THE KROC AT LEAST 300 TIMES  
(5+ PEOPLE PER PLAN REQUIRES 300 VISITS PER YEAR)

**INTERNAL USE ONLY**

VISITS: \_\_\_\_\_

VERIFIED BY: \_\_\_\_\_

DATE: \_\_\_\_\_

SIGNATURE OF KROC MEMBER \_\_\_\_\_ DATE \_\_\_\_\_