

Camp Kudzu 2010 Scholarship Application



Camp Kudzu wants to ensure that children and their families have the opportunity to experience Camp Kudzu's programs regardless of their financial resources. Scholarships are based on financial need. Please complete this form in its entirety and attach additional pages as necessary. **All information provided is confidential.** The completed scholarship application, \$50 non-refundable deposit, and payment form are due **by February 16, 2010**. If you have any questions, please call us at 404.250.1811.

Return completed form to Camp Kudzu, 577 Concord Road SE, Suite B, Smyrna, GA 30082 or fax to 404.250.1812.

Camper Name			
Parent/Guardian #1 Name		Relationship to Camper	
Parent/Guardian #2 Name		Relationship to Camper	
Address		Best Contact Phone Number	
City	State	Zip	County
Parent/Guardian #1 Employer and Job Title			
Parent/Guardian #2 Employer and Job Title			
Number of Siblings		Ages of Siblings	
Number of Members in Household		Average Monthly Income (before taxes) of Household	

Special Circumstances: _____

- We are requesting:
- A partial scholarship of \$_____ (Insert amount of need)
 - A half scholarship of \$325
 - A full scholarship for Camp Kudzu Summer Camp of \$650

I attest that all of the information I have provided is true.

Parent /Guardian Signature: _____ Date: _____

<p>For Office Use Only:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Partial Scholarship Granted – Amount \$_____ <input type="checkbox"/> A half scholarship of \$325 awarded <input type="checkbox"/> Full Scholarship Granted <input type="checkbox"/> Scholarship not awarded
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