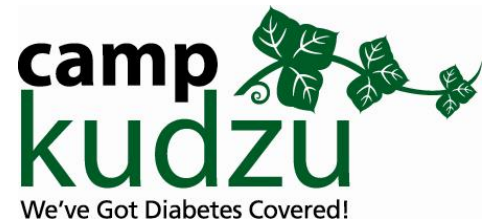


Camp Kudzu
Spring Family Camp 2010
Scholarship Application



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. Attach additional pages as necessary. **All information provided is confidential.** The completed scholarship application, \$50 non-refundable deposit, and payment form are **due before March 5, 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		Parent/Guardian #2	
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	
Average Monthly Income (before taxes) of household		Number of Members in Household	

Special Circumstances: _____

- We are requesting:
- A partial scholarship of \$_____ (Insert amount of need)
 - A half scholarship of \$ 175
 - A full scholarship for Camp Kudzu's Family Camp of \$350

I attest that all of the information I have provided above 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 \$175 awarded <input type="checkbox"/> Full Scholarship Granted <input type="checkbox"/> Scholarship not awarded
