

OVERNIGHT SUMMER CAMP

2015 Scholarship Application



Camp Kudzu is a not-for-profit organization that does not receive funds from JDRF, American Diabetes Association, or Children's Healthcare of Atlanta. Thanks to the generosity of our donors, we are able to subsidize approximately one-half the true cost of camp for all campers. While our true cost of overnight camp is almost \$1,500 per camper, our 2015 program fee remains \$750.

We strive to ensure that children and their families have the opportunity to experience Camp Kudzu's programs regardless of their financial resources. We encourage families to pay as much of the camp fee as their financial situation allows so that we can assist as many families as possible. Scholarship internal guidelines are based on household income, number of members in your household and special circumstances. A limited amount of financial assistance is available each year. Non-Georgia resident scholarship applications are considered on a case-by-case basis. All information provided in the scholarship application is confidential.

SCHOLARSHIP APPLICATION MUST BE FILLED OUT COMPLETELY OR IT WILL BE RETURNED TO YOU

A \$100 non-refundable deposit is required for all overnight campers, and must be received before your camper registration and scholarship application can be processed. Families will be notified regarding scholarship status and balance (if any) within 30 days. Please return completed scholarship application, camper registration, and required \$100 non-refundable deposit to Camp Kudzu using the contact information at the bottom of this form. Call 404.250.1811 with questions or concerns.

Camper Name		Best Contact Phone Number	
Parent/Guardian #1 Name		Parent/Guardian #2 Name	
Relationship to Camper		Relationship to Camper	
Parent/Guardian #1 Employer and Job Title		Parent/Guardian #2 Employer and Job Title	
Please enter the amount of monthly gross income that applies to your household. Write N/A if an income source does not apply to your household. Then, enter your total monthly gross income below.			
Parent #1	\$ _____	Total Number of Members in Household: Number of Household Members Under 22 in Household: Ages of Household Members Under 22 in Household: Please share with us your statement of need for scholarship assistance. Attach additional pages as necessary.	
Parent #2	\$ _____		
Unemployment	\$ _____		
Social Security or Disability	\$ _____		
Alimony/Child Support	\$ _____		
SNAP/WIC/Food Stamps	\$ _____		
TOTAL MONTHLY GROSS INCOME	\$ _____		

By initialing below, I am indicating that:

- _____ I understand that I am required to submit a \$100 non-refundable deposit before my camper registration and scholarship application will be processed.
- _____ I attest that all of the information I have provided in this scholarship application is true.

I am applying for assistance to participate in 2015 Overnight Summer Camp. The total of the two lines below must equal \$750 per camper attending Overnight Summer Camp (\$650 fee plus the required \$100 non-refundable program deposit).

We are able to pay \$ _____ towards the cost of camp (which includes our \$100 non-refundable deposit).
 Our family requests \$ _____ to cover the remaining portion of our 2015 fees.

Parent /Guardian Signature: _____ Date: _____

For Office Use Only: <input type="checkbox"/> Scholarship not awarded <input type="checkbox"/> Scholarship awarded in the amount of \$ _____
