

KODAWest Camp 2011

SCHOLARSHIP/FINANCIAL AID FORM

Camper Information

Name _____ Age: _____ Birth Date: _____
Parent/
Guardian _____ Home/VP Phone (____) _____
Address _____ E-mail Address _____
City _____ State _____ Zip _____

Scholarship Needed

Full Scholarship (\$525.00/575.00/\$625.00): YES NO
Partial Scholarship \$ _____
Will send check by (date): _____

Amount Able To Pay

\$125 Deposit Fee: YES NO
Able to pay: \$ _____
Check enclosed: YES NO

Family Information

Total number of family members: _____ Number of siblings applying for scholarships: _____
Monthly income after deductions: _____ Unusual expenses this year: _____

Special Considerations: _____

*Scholarships are not guaranteed.

Copies of Federal Income Tax Return Forms will be requested for determination.

Parent/ Guardian's Statement

I certify that, to the best of my knowledge, the information supplied above is complete and accurate. I understand that this information is required for scholarships and will be kept confidential.

Signature of Parent/Guardian: _____ Date: _____

Please return completed application and copy of 2010 Federal Income Tax Forms to:
**KODAWest • 3727 West Magnolia Blvd., #273 • Burbank, CA 91505 or
(323) 478-2799 FAX or KODAWest@aol.com**

For Office Use Only:

Date Received: _____ Approved: 100% _____ Partial _____ Denied _____ Incomplete _____ Other _____