**Alfred and Cora Camp Memorial Scholarship**

**Application Form**

**This form must be typewritten.**

Name:

Address:

City: State: Zip:

Phone: Alternate Phone:

E-mail:

Date of Birth:

Last High School Attended and its Location:

Date of High School Graduation or GED Equivalence:

Post-Secondary Schools Previously Attended:

Dates Attended:

Type of Post-Secondary Program and Name of School where applicant has been accepted or is currently enrolled:

Name (s) of Parent (s):   
  
Address (if different from that of applicant):

City: State: Zip:

Other scholarships applied for or awarded:

Whether applicant is receiving support from the Georgia Vocational Rehabilitation Agency, yes or no:

**This application and all supporting documents must be sent by email before March 7, 2025, to: Marj Schneider, Scholarship Committee Chair. Email Address:** [**marjschneider@bellsouth.net**](mailto:marjschneider@bellsouth.net)