

CAMP MIKELL SCHOLARSHIP REQUEST FORM -CONFIDENTIAL-

The revision to our scholarship program last summer was a success. By spreading out the financial responsibility between families, Mikell, parishes and other financial supporters, we were able to be much more financially responsible to all involved. Thank you. It takes all of us working together.

Know that we are still committed to getting every camper here this summer, and one way or another we will do just that!

Here is the plan that will help all of us accomplish this:

- Please contact your priest/church for assistance. This is an excellent way for your church to use outreach funds or discretionary funds.
- If you know of an organization or individual who can assist our scholarship fund, please don't hesitate to ask them.
- We will faithfully manage what scholarship funds we receive.
- We are asking for a commitment from each of you! We will set up with you a way for you to pay a minimum of \$25 a month towards your camper's account.
If you think about it, by foregoing one meal out a month (or something similar) these payments can be met.
- With few exceptions, we need a commitment of a minimum of half of the camp fees.
- Reminder: this can be accomplished by breaking the camp fee up over several months.

Please complete the following:

Camper's Name _____ Session requested _____

Parent/Legal Guardian _____

Mailing address _____

City _____ State _____ Zip _____

Phone Number _____ Email _____

Please do one of the following:

Credit card number _____
Expiration Date _____ CVM Code on Back _____
Amount you would like charged to your account each month \$ _____
If you don't feel comfortable sending your credit card information through the mail, please call the Mikell office at 706-886-7515 or email to: melanie@campmikell.com
-----OR-----
If you don't have a credit card, contact our office and we will be glad to receive automatic payments from your checking account each month.

Cost of session	\$ _____
Additional Fees (i.e. bus)	\$ _____
Amt paid by parish/church/other	\$ _____
Amt paid by family	\$ _____
Amt requested from Mikell	\$ _____ (max of 1/2 of camp cost)
Total	\$ _____

By endorsing this request for a scholarship, I agree to pay the above amount.

The Endorsement needs to be completed by ALL parties responsible for payment, including family, church, sponsor, or other organization (other than Camp Mikell).

Name (Print) Title Signature Date

Parent/Guardian Name Signature Date

Mail the completed form to: Camp Mikell 237 Camp Mikell Court Toccoa, GA 30577