

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 \$50 a month towards your camper's account.
- Reminder: this can be accomplished by breaking the camp fee up over several months.

Please fill out 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 _____

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: amanda@campmikell.com

-----**OR**-----

If you don't have a credit card, contact our office and we will be glad to set up automatic payments from your checking account.

Cost of session \$ _____

Amount provided by parish/church \$ _____

Amount provided by family \$ _____

Amount requested from Mikell \$ _____ (max of 1/4 of camp cost)

Total \$ _____

Please mail the completed form (just the last page) to:

Camp Mikell

237 Camp Mikell Court

Toccoa, GA 30577