

CAMP MIKELL SCHOLARSHIP REQUEST FORM
-CONFIDENTIAL-

We realize for some families the cost of sending their children to Mikell is a financial challenge. If you are in need of financial assistance, we want to help you. **Our goal is that no child is turned away from Mikell because of a lack of funds.**

Because Mikell relies solely on private donations for our scholarship program and these scholarships are offered through local and other agencies as well, **we ask that your first avenue of funding is within your parish/church.** Please contact your rector, or other clergy person, for assistance.

Please complete the following:

Camper's Name _____
Session requested _____
Parent/Legal Guardian _____
Mailing address _____ City _____
State _____ Zip _____
Phone Number _____ Email _____

Cost of session	\$ _____
Amount provided by parish/church	\$ _____
Amount provided by family	\$ _____
Amount requested from Mikell	\$ _____
Total	\$ _____

Endorsement to be completed by rector, pastor, or church staff person responsible for payment.

*By endorsing this request for a scholarship, I verify the need for assistance. Comments:

The amount the church will provide is \$_____. (please enclose payment)

Name (Print)	Title	Signature
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Please mail the completed form to:
Camp Mikell
237 Camp Mikell Court
Toccoa, GA 30577