



Summer Address: 100 Sandy Pond Road, Richmond, NH 03470 Phone: (603)239-4841
 Winter Address: c/o Athol Area YMCA, 545 Main Street, Athol MA 01331 Phone: (978)249-3305
 Fax: (978) 249-4009 E-mail: campwiyaka@yahoo.com

Assistance Request Form

To be completed by parent or guardian

Child's name _____

Address _____

Phone _____ Birth date _____ School _____ Grade _____

Parent's Name _____

Address (If different from above) _____

Home Phone _____ Work Phone _____

Parent's current Employment _____

Work Address _____

Occupation _____

Financial: Total Annual Income:

___ Under \$10,000

___ \$10,000 to 15,000

___ \$15,000 to 20,000

___ \$20,000 to 25,000

___ \$25,000 to 30,000

___ Over \$30,000

How much is your family willing/ able to provide towards the program fee? _____

What types of projects are your family willing/ able to help with prior to the start of camp?(ie work day, mailings, fund-raising ,etc) _____

Has your family/ child received assistance from camp and/or other agencies (ie food stamps, MassHealth, etc)?

Please provide details and dates: _____

Are there any special circumstances that we should be aware of in considering this request? _____

Has your child attended camp before? _____ If yes, which years?

Has any other member of your family attended camp before? _____ If yes, when? _____

Please use the back of this form to answer: In what ways do you think that your child will benefit from Camp?

Mail to above address, with a completed camper application. A committee member will contact you as soon as possible to discuss campership options.