



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

YMCA CAMP TAKODAH CAMPERSHIP REQUEST APPLICATION

Financial Assistance is considered for only one session per child. Camperships may not be combined with any other reduced rates, coupons, or incentives except for the "Bring a Friend" program.

In order for your request to be considered, please submit this application, a copy of your most recent tax return, and a deposit of \$125 per child in a single packet as soon as possible to:

Takodah YMCA • Attn: Office Manager • 32 Lake Street • North Swanzey, 03431

Parent/Guardian Name(s): _____ Phone: _____

Mailing Address: _____

Email Address: _____

Camper Name(s): _____ Age(s): _____

Family Status: Married: _____ Divorced/Separated: _____ Single Parent: _____

Current Household: # Adults: _____ # Children: _____

Currently monthly income from all sources: _____

Please explain any extenuating circumstances or unusual expenses for consideration: _____

Income-Based Pricing Information:

In the following chart, please circle the income-based pricing for which your family qualifies. Please note that the amount below is the cost for 2-Week Camps. If you're attending 1-Week Camp, you would pay half of the amount below.

Household Income	Total Number of Children in Household			
	1	2	3	4+
\$0 - \$24,999	\$550	\$524	\$496	\$468
\$25,000 - \$39,999	\$770	\$732	\$694	\$656
\$40,000 - \$49,999	\$990	\$942	\$892	\$842
\$50,000 - \$59,999	\$1320	\$1254	\$1188	\$1122
\$60,000 - \$69,999	\$1650	\$1568	\$1486	\$1404
\$70,000 - \$79,999	\$1980	\$1882	\$1782	\$1684
\$80,000 - \$89,999		\$2090	\$1980	\$1870

If approved for a Campership, you are responsible for paying the amount circled, unless there are extenuating circumstances noted above. If you are unable to pay the amount circled, you are encouraged to seek additional financial assistance through your school, church, civic organization, social services agency, and/or family and friends.

Example: If your family income is \$55,000 and you have three children living in your household, your income-based rate will be \$1188 per child. The remaining \$1012 per child is awarded by YMCA Camp Takodah as a Campership.

Turn Over →

Personal Information:

Has your child attended Camp Takodah? _____

Why do you think summer camp would be valuable for your child? _____

Does your child have any special needs or circumstances (e.g. medical, behavioral, custody issues)? _____

Camp Takodah needs to raise approximately \$300,000 from donors per year to fund Camperships. Sharing stories from Campership recipients is very helpful in fundraising. Would you feel comfortable sharing a testimonial that expresses the impact Camp Takodah has on your child and what a Campership means to you? Please note: your answer will not have any effect on your Campership award or the experience your child has at Camp Takodah:

Yes

No

Parent/Guardian Agreement:

I acknowledge that I have read and understand all policies and procedures regarding Financial Assistance (Camperships). I attest that all information contained in the Campership Request Application is true and accurate. I understand that in order for my request to be considered, I must submit this application, a copy of my most recent tax return (along with any other sources of income), and a deposit of \$125 per child in a single packet as soon as possible to the Takodah YMCA.

Parent/Guardian Signature: _____ Date: _____