

We realize that families have different abilities to pay. Therefore, Agassiz Village has adopted a tiered pricing structure. This means that pricing is based on what your family is able to afford.

TIER 1

The **TRUE cost** of camp. This covers the actual cost to operate summer camp, including all food, overnight accommodations, transportation, activities, equitable salaries for our counselors, and the continued growth of new programs at Agassiz Village. We are proud that our camp sessions are well below the industry average of \$2,690 per week for an overnight camp.

The cost for our 5-day session is \$1,600. The cost for our 12-day session is \$3,200.

If you are inspired to pay this amount, we are grateful. Thank you.

TIER 2

Partially subsidized cost, representing a partial scholarship (approximately 50%) for the camper. This rate is subsidized by the generous donations of individuals, corporations, and foundations.

The cost for our 5-day session is \$800. The cost for our 12-day session is \$1,600.

If you are able to pay this amount, please do so. Thank you.

TIER 3

Scholarships reflecting a larger scholarship (between 50% and 99%) for the camper. This heavily subsidized rate is made possible through generous donations to Agassiz Village by individuals, corporations, and foundations. This rate is available for families who need assistance to send children to camp.

This tier requires you to speak with our Financial Assistance Team.

Please call 781-860-0200.

YOUR CHOICE

The choice of what price you pay is completely yours and remains confidential. Regardless of which option you choose, your child receives the same camp experience with the same high-quality programming.

To help build ownership, families are asked to provide at least some amount of funding. Children and youth are also encouraged to raise funds themselves.

APPLICATION FEE

Families are asked to pay a \$25 application fee. Once you fill out this form and the Camper Information Form, and pay the nonrefundable application fee, you will receive a call from us.

**Completing this form in its entirety is the first step towards determining pricing.
See Section 2 for additional documents that must be submitted .**

Parent Name _____

Camper Name _____

**2025
SESSION
DATES**

Session 1: Sunday, June 29 - Thursday, July 3

Session 2: Sunday, July 6 - Thursday, July 10

Session 3: Sunday, July 13 - Thursday, July 24

Session 4: Sunday, July 27 - Thursday, August 7

SECTION 1: SESSION APPLICATION

1. For what session(s) are you applying? (Circle all that apply.)

Session 1

Session 2

Session 3

Session 4

2. What is the total cost for the session(s) you are applying to attend?

(\$1,600 for 5-day session; \$3,200 for 12-day session)

\$_____

3. Help us understand what you will be seeking in financial aid to supplement costs you or others will be covering. Do not leave any spaces blank; enter "0" instead.

Amount you can contribute:

\$_____

Amount to be contributed by non-agency sources
(family members, friends, co-workers, etc.):

\$_____

Amount contributed by third-party agencies or groups
(if more than one, please total)

\$_____

Any other contributions

(identify here _____)

\$_____

Total: \$_____

\$_____) - (\$_____) = (\$_____)

Session(s) Cost

Total Above

Amount Requested

SECTION 2: REQUIRED DOCUMENTATION

You must submit the following items to campoffice@agassizvillage.org for your financial assistance application to be complete:

- A copy of your most recent filed tax return
- A copy of one month's worth of recent pay stubs
- A copy of one month's documentation for other income sources (Social Security, disability, child support, etc.)

SECTION 3: HOUSEHOLD INCOME & EXPENSES

Who resides in your household? (Please include all household members.)

	NAME	AGE	OCCUPATION	RELATIONSHIP TO CAMPER
1.				
2.				
3.				
4.				
5.				
6.				

Please help us understand your current income and expenses (based on the prior 12 months). Leave a space blank or write “N/A” if it does not apply to you.

		PARENT/GUARDIAN 1	PARENT/GUARDIAN 2	MINORS
Monthly Income sources	Gross salary from work (before deductions)			
	Child support, alimony, and/or public assistance			
	Pensions, retirement, or Social Security income			
	Other:			
	Other:			
TOTAL MONTHLY INCOME				

	PARENT/GUARDIAN 1	PARENT/GUARDIAN 2	MINORS
Rent/Mortgage	_____	_____	_____
Medical	_____	_____	_____
Tuition/Education	_____	_____	_____
Professional Services (e.g., Counseling)	_____	_____	_____
Household Food Costs	_____	_____	_____
Household Utilities	_____	_____	_____
Other:			
_____	_____	_____	_____
Other:			
_____	_____	_____	_____
TOTAL MONTHLY EXPENSES	_____	_____	_____

SECTION 4: SIGNATURE

To the best of my knowledge, the information I have provided is true and accurate. I understand that in order for this application to be considered complete and for the Agassiz Village Financial Assistance Team to evaluate this application for scholarship aid, I must submit the items noted in Section 2. I further understand that no determination will be made until Agassiz Village receives all documents.

Parent/Guardian_____

Date_____