



Camp Massasoit

If you are interested in applying for financial assistance, please fill out the following information and submit your request to campmassasoit@springfieldcollege.edu.

Child's Name:

Date of Birth:

Age:

Grade:

Parent Name:

Parent Email Address:

Address:

City:

Zip Code:

Phone Number:

Ideal registration amount to be supported by Camp Massasoit:

Please have your child write or share with you and you write a short essay explaining why they would like to be part of Camp Massasoit and what they hope to gain from this experience: