



CAMP PEMIGEWASSETT

If you wish to be considered for financial aid, please complete the following information, and **ATTACH A COPY OF THE FIRST TWO PAGES OF YOUR 2015 IRS FEDERAL TAX RETURN** and return to:

Danny Kerr
35 Felt Road
Keene, NH 03431

The application must be received by:
December 1 (for February 1 notification)

We want to understand why you are requesting aid. If your input below does not accurately reflect your financial situation or circumstances, please provide additional details on a separate sheet.

FINANCIAL AID APPLICATION

CAMPER(S) INFORMATION:

Camper Name	Birthdate	Years at Pemi
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Camper Name	Birthdate	Years at Pemi
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FAMILY INFORMATION:

Total Number of dependent children and ages: _____

Parent Name	How do you know about Pemi?
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Home address

Home Phone	Work phone	Email address
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Employer / Company Name	Position	Years/Months employed here
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Parent Name	How do you know about Pemi?
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Home address

Home Phone	Work phone	Email address
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Employer / Company Name	Position	Years/Months employed here
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FINANCIAL INFORMATION

Monthly income after taxes (all supporting parents/guardians) _____

Do you own property other than your primary residence? Yes No
If yes, approx. value of property _____

Monthly Expenses

Rent/Mortgage (monthly total) _____

Debts and Loan Payments (monthly total): _____

Please specify:

1. _____

2. _____

3. _____

Education Expenses (monthly total): _____

Please specify:

1. _____

2. _____

Childcare Expenses (monthly total): _____

Utilities (monthly total): _____

Medical Expenses (monthly total, after insurance payment): _____

Fixed/Extraordinary Expenses (monthly total; Specify on separate sheet): _____

Other (Specify on separate sheet): _____

Total Monthly Expenses _____

Total Monthly Income after Expenses _____

Tuition *Circle one:* Full Season \$8,900 First session \$5,850 Second session \$5,850 Pemi West \$5050

Amount you can pay toward Pemi tuition: _____

Difference between tuition and ability to pay: _____

I/we declare that the information reported on this form, to the best of my/our knowledge and belief, is true, correct, and complete.

Signature of Parent or Guardian Date

Signature of Parent or Guardian Date

SIGNATURES OF BOTH / ALL PARENTS/GUARDIANS ARE REQUIRED.

INCLUDE A COPY OF THE FIRST TWO PAGES OF YOUR 2015 IRS FEDERAL TAX RETURN WITH THIS FORM.