



CAMP PEMIGEWASSETT

FINANCIAL AID APPLICATION

To be considered for financial aid, please:

- 1) Complete this form.
- 2) Attach a copy of the first page of your 2019 federal Tax Return (IRS Form 1040).
- 3) Send to Danny Kerr at danny@camppemi.com,
or mail to Danny Kerr at 35 Felt Road, Keene NH 03431.

The application must be received by November 10 (for February 1 notification).

We want to understand why you are requesting aid. If you feel your inputs below do not accurately reflect your financial circumstances, please use a separate sheet to provide any additional details and tell us about the circumstances that should be considered in reviewing your application.

CAMPER INFORMATION (please submit only one application per family)

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: _____ 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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MONTHLY EXPENSES:

\$ _____ Rent/Mortgage

\$ _____ Childcare expenses

\$ _____ Medical expenses (after insurance)

\$ _____ Education expenses (*please describe*):

1. _____

2. _____

\$ _____ Debts or Loan Payments (*please describe*):

1. _____

2. _____

\$ _____ Other Fixed expenses (*please describe*):

1. _____

2. _____

\$ _____ Other extraordinary expenses (*please describe on a separate sheet*)

\$ _____ Total Monthly Expense

INCOME & OTHER ASSETS:

\$ _____ Total Monthly Income (after taxes), from all supporting parents or guardians.
Please include income such as: salary, rental income, child support or aid for dependents, alimony, public assistance/benefits, social security, and unemployment.

\$ _____ Do you hold other significant assets, such as property other than your primary residence? (*circle one*) YES NO *If yes, please indicate approximate value and describe:* _____

Are other external or family sources of funding available to you? (*circle one*) YES NO

If yes, please describe these circumstances: _____

FINANCIAL AID:

Pemi session/s (*circle*): Full Session 1st Session 2nd Session 16's Program

We care deeply about providing the benefits of a summer at Pemi to as many families as possible. Please ask only for what you truly need.

\$ _____ Total Monthly Income after Monthly Expense (discretionary income)

\$ _____ Total cost of Pemi tuition

\$ _____ Amount you can pay toward Pemi tuition

\$ _____ Difference between tuition and your ability to pay (request for financial aid)

I (we) declare that the information reported on this form, to the best of my/our knowledge and belief, is true, correct, and complete, and presents an accurate representation of our financial circumstances.

Signature of Parent/Guardian *Date* *Signature of Parent/Guardian* *Date*

SIGNATURES OF ALL PARENTS/GUARDIANS ARE REQUIRED