



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.

We will consider applications on a first-come, first-served basis.

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