



# 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 most recent federal Tax Return (IRS Form 1040).
- 3) Send to Kenny Moore at [ken@camppepi.com](mailto:ken@camppepi.com).

**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**