CAMP PEMIGEWASSETT

FINANCIAL AID APPLICATION

To be considered for financial aid, please:

1) **Complete this form.** We want to understand why you are requesting aid! If there are other details or circumstances you would like us to consider, you may include them on a separate sheet.
2) **Attach a copy of Page 1 of your most recent federal Tax Return (IRS Form 1040).**
3) **Submit your application and materials to Kenny Moore at ken@camppemi.com.**

Please submit all information by November 1 to be considered for the 1st round of awards, and by February 1 for the 2nd round of awards. Afterwards, requests for financial aid will be considered on a case-by-case basis if funds are still available.

☐ (Optional) Yes, please also share this Financial Aid Application with the Fred Rittner Pemi Campership Fund (Rittner Fund) for consideration of additional scholarship monies (visit www.rittnerfund.org).

1. CAMPER INFORMATION *(Please submit only one application per family)*

Camper Name | *Birthdate* | *Years at Pemi*

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2. FAMILY INFORMATION

Total number of dependent children: **Ages:**

Parent Name 1 | *How do you know about Pemi?*

Home address

Home Phone | *Work phone* | *Email address*

Employer / Company Name | *Position* | *Years/Months employed here*

Parent Name 2 | *How do you know about Pemi?*

Home address

Home Phone | *Work phone* | *Email address*

Employer / Company Name | *Position* | *Years/Months employed here*

3. 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**

4. 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:

_____

5. FINANCIAL AID: 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.

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

$_____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 1 Date Signature of Parent/Guardian 2 Date

SIGNATURES OF ALL PARENTS/GUARDIANS ARE REQUIRED