

Statement of Financial Condition For Camp Scholarship

Please Write Legible – Every Field Must Be Filled Out Properly



Campers Name: _____ Age: _____ Sex: _____ Grade Completed: _____
Parent or Guardian's Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ School Child Attends: _____

Place of Employment or other major source of income:

Husband: _____ Wife: _____

Household size: Adults _____ Children _____ (Number of persons in your family)

Have you received a scholarship in the past? If so, when _____ and how much? \$ _____

Total Gross Family Annual Income: (You **MUST** include all sources of income; wages, social security, pension, interest, child support, welfare or other)

Please check one:

_____ \$0 - \$19,900	_____ \$26,901 - \$30,000
_____ \$19,901 - \$23,000	_____ \$30,001 - \$32,900
_____ \$23,001 - \$24,900	_____ \$32,901 - \$36,900
_____ \$24,901 - \$26,900	_____ \$36,901 - \$39,900
	_____ \$39,901 - Above

You MUST include a copy of your most recent W-2 Form (NEED for consideration)

Are you able to pay part of the fee? Yes _____ No _____ If yes, how much? _____

Are you attending any other camps this year? Yes _____ No _____ If yes, which camps? _____

Why would you like to attend this camp? _____

Scholarship requests MUST BE RECEIVED by Friday, June 8, 2018. We will notify grants awarded on June 11-12, 2018. You MUST still register online in order to participate in the camp. You can register at: <http://www.sanfordsports.com/legends>

The above information will be kept confidential and will only be used in determination of full, partial, or any scholarship. The undersigned certifies that the information is true and correct to the best of your knowledge.

Signature of parent or guardian: _____ Date: _____

Please return this form to: Sanford Pentagon
Attn: Brad Coleman
2210 W. Pentagon Pl.
Sioux Falls, SD 57107
Fax: (605) 312-7901
Or email: brad.coleman@sanfordhealth.org