

# 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 14, 2019. We will notify grants awarded on June 18-19, 2019. 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](mailto:brad.coleman@sanfordhealth.org)