

# Statement of Financial Condition for Legends Football Camp Scholarship



**Camper's Name:** \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Grade Completed: \_\_\_\_\_

Parent or Guardian's Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**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 Legends FB Camp Scholarship before?** If so, When \_\_\_\_\_ How much \$ \_\_\_\_\_

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

**Please check one:**

_____ \$0 - \$19,900	_____ \$30,001 - \$32,900
_____ \$19,901 - \$23,000	_____ \$32,901 - \$36,900
_____ \$23,001 - \$24,900	_____ \$36,901 - \$39,900
_____ \$24,901 - \$26,900	_____ \$39,901 - \$42,900
_____ \$26,901 - \$29,000	_____ \$42,901 - Above

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

**Are you able to pay part of the fee?** Yes: \_\_\_\_\_ No: \_\_\_\_\_ If Yes, how much? \_\_\_\_\_

**Are you attending any other Football Camps this year?** Yes: \_\_\_\_\_ No: \_\_\_\_\_ If so, which camps? \_\_\_\_\_

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**Why would you like to attend this camp?** \_\_\_\_\_

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**Legends FB Camp Scholarship requests MUST BE RECEIVED by Friday – July 10, 2020. We will notify the scholarship award winners July 13-14, 2020. 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 if scholarship funds are granted. The undersigned certifies that the information above is true & correct to the best of your knowledge.*

**Signature of parent or guardian:** \_\_\_\_\_ Date: \_\_\_\_\_

Please return this form to: Hy-Vee Sanford Legends  
Attn: Brad Coleman – Community Relations  
GSS – National Campus  
4800 W, 57th St, Sioux Falls, SD 57108  
Fax: (605) 312-9814 or Email: [brad.coleman@sanfordhealth.org](mailto:brad.coleman@sanfordhealth.org)