**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

 \_\_\_\_\_\_\_\_ $29,901 - $30,000 \_\_\_\_\_\_\_\_ $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?

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

**Legends FB Camp Scholarship requests MUST BE RECEIVED by June 6, 2022. We will notify the scholarship award winners June 10-13, 2022. You MUST still register online in order to participate in the camp. You can register at:** [**http://www.sanfordsports.com/legends**](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: Brock Reynoldson

Sanford Pentagon

 2210 W Pentagon Pl, Sioux Falls, SD 57107

 Email: brock.reynoldson@sanfordhealth.org