

Camp Foley Financial Assistance Information Letter - For the 2025 Camping Season

Dear Applicant,

We appreciate your interest in Camp Foley. Please take a moment to review our "Option Pricing" to see if there is an option that will work for your family. If not, you may complete this document to apply for financial assistance.

Through the American Camping Association (ACA) Camper Scholarship Program, Foley alumni and friends have contributed funds for the scholarships offered at Camp Foley.

"Each year the camp has the opportunity of choosing campers whose families are not able to afford the entire camping fee and whose presence in camp will bring about the sort of diversity of background that will broaden the composition of the camp population. This benefits not only the child chosen for a campership, but also, the camper community which that camper joins."

Funds are limited, and are assigned on a "first come, first served" basis to qualifying applicants. To apply, simply fill out and return **the Financial Assistance Application**, including **2 Reference forms** and **a copy of the your most recent Income Tax return** (showing the Taxable Income line). The Scholarship and Reference forms are attached and are Fillable PDFs. The Reference forms are to be completed by an adult – teacher, coach, etc. who know your child well. You can not do a reference for your own child. When complete, please email to me at: mary@campfoley.com. All information will be kept confidential.

2025 session dates are:

1st Session: (2-Weeks) June 16 to June 29

3rd Session: (3-Weeks) July 23 to August 11

The application, will ask for sessions that your child **CAN** attend camp. **We will assign a session based on availability.** The more sessions your child is available to attend camp, the better their chances are of getting a scholarship.

*****Keep in mind, the scholarship is for camp tuition only, and the amount of the award depends on circumstances, funding availability, etc. You will be responsible for getting your child to and from camp. Camp Foley offers buses to and from the Minneapolis area for a fee. Also, each camper needs to have a Camp Store/Canteen deposit of at least \$25. You may be responsible for other expenses, such as any optional programs, 5K races etc. Some activities have nominal charges –some of the art/shop projects, trap shells for skeet shooting, etc. for which you would also be responsible.*** More information on Transportation, Canteen, etc. to follow.**

Completed applications will be reviewed periodically and we will notify you, either way, if your child qualifies for a scholarship. If you have any questions, please contact me.

Thank you for thinking of Camp Foley for your child's camping experience – it is truly a magical place~

Mary Stevens
Administrative Assistant
Mary@campfoley.com
218-543-6161



PERSONAL REFERENCE FORM
FOR FINANCIAL ASSISTANCE AT **CAMP FOLEY**
Summer 2025
ACA SCHOLARSHIP PROGRAM

****To be completed by a teacher coach, etc. NOT a parent or grandparent****

_____ has applied for a scholarship from the ACA Scholarship Fund designated for use at Camp Foley. The scholarship is designed for “campers whose families are not able to afford the entire camp fee and whose presence in camp will bring about the sort of diversity of background that will broaden the composition of the camp population. This benefits not only the child chosen for a scholarship, but also the camper community which that camper joins.”

Please address the aforementioned matters in your recommendation using the space below.

CHILD’S CHARACTER AND ATTRIBUTES:

FAMILY SITUATION:

HOW COULD THIS CHILD BENEFIT FROM CAMP:

OTHER COMMENTS:

Name(printed)

Address

City

State

Zip

Phone#:

Email:

Good time to be contacted:

Signature

Date

Please return directly to: Camp Foley

9303 Father Foley Drive

PHONE: 218-543-6161

Pine River, MN 56474

Web Site: www.campfoley.com email: fun@campfoley.com



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Date

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APPLICATION

FOR FINANCIAL ASSISTANCE AT **CAMP FOLEY** through
the ACA SCHOLARSHIP PROGRAM

CAMPER'S NAME: _____

BIRTHDATE: _____ GRADE IN THE FALL OF '25: _____

PLEASE CHECK ONE:

NEW CAMPER _____

PAST CAMPER, YEAR(S): _____

ADDRESS: _____ PHONE: _____

CITY: _____ STATE: _____ ZIP: _____

NAME OF PARENT/GUARDIAN: _____

ADDRESS (if different): _____

PHONE NUMBER: _____ CELL PHONE: _____

EMAIL: _____

Why is camper applying for financial assistance to the camp?

Why does the camper wish to attend camp? (Please have camper write response here)

The following session(s) are available, would these work for your camper?

1st Session: 2 Weeks (Option 3 Tuition of \$2,700): June 16-June 29

3rd Session: 3 Weeks (Option 3 Tuition of \$4,000): July 23 - August 11

What is the total financial assistance that you are requesting? _____

How much do you feel that you could contribute? _____

I. FINANCIAL

A. Anticipated Resources: This section is confidential and should be completed indicating the resources that are available to you, as one factor to help determine if your child qualifies for a campership.

1. Your annual income: _____ Spouse's annual income: _____

2. Social Security, Veteran's benefits, child support, welfare, food stamps, etc. (Please specify):

3. Interest, dividends, trust income, etc. :

4. Financial support, if any, that you receive from parents, relatives or friends:

5. Workman's Comp or Unemployment:

6. Other sources (Please specify):

B. ASSETS:

1. Checking account, approximate balance: _____

2. Savings account, approximate balance: _____

3. Other assets: (Please specify) _____

C. EXPENSES:

1. Do you maintain your own household? Yes _____ No _____

If yes, what is your monthly rent or mortgage payment? _____

2. Major expenses to be considered: (school, medical, etc.)

A. _____ Amount: _____

B. _____ Amount: _____

C. _____ Amount: _____

D. _____ Amount: _____

E. _____ Amount: _____

3. Please explain any special circumstances affecting your ability to finance your child's Camp Foley experience:

While financial need will not be the sole determining factor, it is the goal of the Camp Foley Financial Assistance program to award assistance to those deserving children who may not otherwise have the opportunity to attend Camp Foley.

I certify that our household income for 2024 was (estimate):

_____ \$0-\$50,000; _____ \$50,001-\$65,000; _____ \$65,001-\$95,000; _____ \$95,001 +

Number of people living in the household: _____ (will provide documentation upon request)

I agree that I have read the scholarship conditions on page 1 – Camp Foley Scholarship Information Letter. To the best of my knowledge the enclosed information is correct.

Parent/Guardian Signature: _____

Date: _____

For consideration for a scholarship (as explained in Camp Foley Scholarship Information Letter), **please complete and submit:**

_____ Scholarship Application (This document, 3 pages) **email to mary@campfoley.com

_____ Copy of most recent Income Tax Return (IRS Form 1040) **email to Mary@campfoley.com

_____ 2 Personal References **email to mary@campfoley.com

Forms can be mailed to: Camp Foley
9303 Father Foley Drive
Pine River, MN 56474

Emailed as attachment to: mary@campfoley.com