



LEGENDARY LODGE

2026 Financial Assistance Request Form

Through the generosity of grants and donations to Legendary Lodge, we are very happy to offer financial assistance to help offset or pay the cost of sending a child to camp. Our goal is to make the summer camp experience accessible to *all*.

If you are in need of financial assistance this season, please complete this form and submit it via email to: legendarylodge@diocesehelena.org. Or, mail it to:

*Legendary Lodge
c/o Liz Wherley
PO Box 1729
Helena, MT 59624*

Reservation Details

Spots at camp are not reserved until registration is complete and at least the \$100 deposit for camp has been paid. We encourage families, if possible, to register their camper(s) and pay the deposit before beginning this form.

If you are unable to afford the initial deposits, please contact us at: 406-916-3111, or email: legendarylodge@diocesehelena.org, and we will be happy to help you get your campers registered.

Parish/Local Scholarships

There are many parishes and parish groups in the Diocese of Helena who offer scholarships for camp every year! If you are interested in taking advantage of local scholarships in your area, we encourage you to contact your Pastor or parish office to see what is available. Taking advantage of parish scholarships, or using them in conjunction with our financial assistance, helps us to spread out our funds further, helping even more campers get to camp!

Financial Assistance Contact:

Liz Wherley, Summer Camp Manager
Phone: 406-916-3111
Email: legendarylodge@diocesehelena.org

Applicant Information

Parent/Sponsor Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Camper #1

Name: _____

Grade (In Fall 2026): _____

Desired (or registered) Camp Week:

Camper #2

Name: _____

Grade (In Fall 2026): _____

Desired (or registered) Camp Week:

Camper #3

Name: _____

Grade (In Fall 2026): _____

Desired (or registered) Camp Week:

Camper #4

Name: _____

Grade (In Fall 2026): _____

Desired (or registered) Camp Week:

Have you already registered the camper(s) listed above? ☐ Yes ☐ No

Parish Information

Camper(s) Parish Name: _____ City: _____

Parish Phone: _____ Parish Email: _____

Are you receiving any scholarship funds from local parish/parish organization? ☐ Yes ☐ No

Amount Contributed From Parish/Organization: \$_____

Other Organizations

Are you receiving any scholarship funds from any other organization? ☐ Yes ☐ No

Organization Name: _____ Contact Name: _____

Contact Phone: _____ Amount Contributed From Organization: \$_____

Financial Information

Total income according to 2024 Tax Return*: \$_____

**This information can be found on: Line 22 on Form 1040 / Line 15 on Form 1040A / Line 4 on Form 1040EZ*

Special Circumstances

Please list any circumstances that should be taken into consideration below:

Parent / Guardian Signature: _____ Date: _____

Thank you for completing this form.

Please return it via the email or mailing address listed on the front page. We will contact you shortly to continue the registration process.

This process is confidential. Your information will not be shared.

OFFICE USE ONLY			
Paid Deposit: \$_____	Awarded: \$_____	Date: _____	Initials: _____
Notes: 			