



# YOUTH SCHOLARSHIP APPLICATION

- Scholarships are available for participants 17 and younger.
- Scholarships limited to 3 classes per child per season/brochure.
- A copy of last year's income tax return must accompany this form. Any and all earned **AND** unearned household income must be included. Some examples of unearned income include: alimony, child support, unemployment insurance, retirement pension, student loans, foster care payments, food stamps, SSI/SSDI payments, rent, gambling winnings, monetary gifts, VA benefits, trust fund income.
- The scholarship form must be completed by a parent, guardian or head of household of enrolled participants.
- Scholarship applications and registrations will not be processed without **ALL** of the requested information.
- Some activities are exempt from scholarship, i.e. trips, horseback, scuba, contract employees, and co-sponsored events.
- Scholarship application must be filled out for each activity guide unless otherwise specified by program supervisor.
- Approval of a scholarship fee does not register the participant in the activity. A completed registration form and allocated fees must be received upon enrollment. Please have scholarship forms completed 2 weeks before the start of class or activity (**one week prior to registration deadline for youth sports.**)
- Scholarship applications always remain confidential with the Lawrence Parks and Recreation Department.

## Please fill out application completely!

**PLEASE PRINT:**

Applicants Name: \_\_\_\_\_ Spouses Name: \_\_\_\_\_  
 (Person filling out form)  
 Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Child's Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Monthly income \$ \_\_\_\_\_ x 12 months Child's Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Annual Household Income: \$ \_\_\_\_\_ Child's Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_  
\*Earned AND unearned income

Total Number of Dependents \_\_\_\_\_

Name of class/program(s) needing financial assistance: \_\_\_\_\_

**Total amount of assistance requesting: \$ \_\_\_\_\_**

The Lawrence Parks and Recreation Department reserves the right to request proof of any of the above information. Failure to supply the necessary information could result in denial of financial assistance. If an activity uses supplies, facilities (such as KU) or issues equipment that is not returnable, applicants will be asked to at least cover the cost of those supplies, facilities and/or equipment.

Signature \_\_\_\_\_

Date \_\_\_\_\_

**LPRD Office Staff**

Date Submitted: \_\_\_\_\_

Person who took Application: \_\_\_\_\_

Location Application was taken: \_\_\_\_\_

Date sent to Supervisor: \_\_\_\_\_

**Revised 08142006**

**Program Supervisor**

Scholarship Application      Approved / Denied

Amount requested: \$ \_\_\_\_\_

Amount Approved: \$ \_\_\_\_\_

Amount Owed Dept. \$ \_\_\_\_\_

Letter Sent: \_\_\_\_\_

Amount Received: \$ \_\_\_\_\_