



## SCHOLARSHIP APPLICATION

To APPLY for program fee assistance, please provide all information requested below, sign and return to Scholarship Coordinator, 13817 Johnson Drive, Shawnee, KS 66216. **IMPORTANT:** Applications must be submitted at least 5 business days prior to registering and be accompanied by a current Income Tax Return.

(Please Print)

Application Date: \_\_\_\_\_

Applicant's Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

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

Day Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Number and ages of family members receiving support from your family income and residing in your household.

Household Income \$ \_\_\_\_\_ # family members: \_\_\_\_\_

Names	DOB
_____	____/____/____
_____	____/____/____
_____	____/____/____
_____	____/____/____
_____	____/____/____
_____	____/____/____

I would like to apply for a scholarship for Shawnee Parks and Recreation classes and/or memberships during the year \_\_\_\_\_. I attest to the accuracy of information provided with this application. I understand that I may be asked for verification of the information submitted.

\_\_\_\_\_  
Applicant's Signature Date

Return to: Scholarship Coordinator  
Parks and Recreation  
13817 Johnson Drive  
Shawnee, KS 66216

For office use only: Rcvd: _____ Reviewed: _____ Ref : _____
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