



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 : _____