



**SCHOLARSHIP APPLICATION**

To APPLY for program fee assistance, please provide all information requested below, sign, and return to Scholarship Coordinator, 11110 Johnson Drive, Shawnee, KS 66203. **IMPORTANT:** Applications must be submitted at least 5 business days prior to registering.

(Please Print)

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

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

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

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

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

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

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

Names & Ages: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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  
11110 Johnson Drive  
Shawnee, KS 66203

For office use only:  
Rcvd: \_\_\_\_\_  
Reviewed: \_\_\_\_\_  
Ref Calls: \_\_\_\_\_  
Approved: \_\_\_\_\_