

Lenexa Parks & Recreation Department Scholarship Application

Name:							
Address: <small>(Lenexa Residents Only, no PO boxes)</small>							
Home Phone:			Cell Phone:		E-mail:		
Work Phone:			Date of Birth:		Age:		
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female		Female Head of Household: Yes <input type="checkbox"/> No <input type="checkbox"/>					
Have you received scholarship assistance before from the City of Lenexa Yes <input type="checkbox"/> No <input type="checkbox"/>							
Names of others living in household	Sex M/F	Date of Birth	Age	Relationship to Applicant	Elderly	Disabled	Activity Requesting Assistance For
Race				Ethnicity			
<input type="checkbox"/> American Indian or Alaska Native				<input type="checkbox"/> Hispanic American Indian or Alaska Native			
<input type="checkbox"/> Asian				<input type="checkbox"/> Hispanic Asian			
<input type="checkbox"/> Black or African American				<input type="checkbox"/> Hispanic Black or African American			
<input type="checkbox"/> Native Hawaiian or Other Pacific Islander				<input type="checkbox"/> Hispanic Hawaiian or Other Pacific Islander			
<input type="checkbox"/> White				<input type="checkbox"/> Hispanic White			
<input type="checkbox"/> American Indian or Alaska Native and White				<input type="checkbox"/> Hispanic American Indian or Alaska Native & White			
<input type="checkbox"/> Asian and White				<input type="checkbox"/> Hispanic Asian and White			
<input type="checkbox"/> Black or African American and White				<input type="checkbox"/> Hispanic Black or African American and White			
<input type="checkbox"/> American Indian or Alaska Native and Black or African American				<input type="checkbox"/> Hispanic American Indian or Alaska Native & Black or African American			
<input type="checkbox"/> Other				<input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Russian <input type="checkbox"/> Other			
Total Household Income – Circle One:							

Please circle number in Household:	1	2	3	4	5	6	7	8
Please circle income for number in family:								
30% Median Income	0-\$11,950	0-\$13,650	0-\$15,350	0-\$17,050	0-\$18,400	0-\$19,800	0-\$21,950	0-\$22,500
50% Median Income	\$11,951-\$19,900	\$13,651-\$22,700	\$15,351-\$25,550	\$17,050-\$28,400	\$18,401-\$30,650	\$19,801-\$32,950	\$21,150-\$35,200	\$22,501-\$37,500
60%-80% Median Income	\$19,901-\$31,800	\$22,701-\$36,350	\$25,551-\$40,900	\$28,401-\$45,450	\$30,651-\$49,100	\$32,951-\$52,700	\$35,201-\$56,350	\$37,501-\$60,000

Type of Income	Amount	Frequency	Total Annual
Wages/Salaries			
Social Security			
Food Stamps			
Unemployment			
Child Support/Alimony			
Pension/Retirement			
TOTAL:			

This application **will not** be processed without the following forms of documentation for all applicable members of your household:

1) Proof of Residency:

- a. Copy of recent utility bill; or
- b. Valid driver's license.

AND

2) Proof of Income and Household Size:

- a. Copy of your most recent federal income tax return; or copies of your last two (2) paychecks for each job held by each member of your household; or a letter from your employer stating your earnings;
- b. Letter from your social/case worker indicating the amount of benefits you are receiving, if any; and
- c. Any other supporting documentation as requested or required by Lenexa Parks and Recreation.

NOTE:

- The Lenexa Parks and Recreation Department ("LPRD") Scholarship Program is subject to the LPRD Scholarship Program Policy. LPRD reserves the right to modify or amend the Scholarship Program or Policy at any time. Copies of the Scholarship Program Policy are available online at www.lenexa.com or at the Lenexa Rec Center.
- This application form must be complete for consideration and all required documentation and information must be provided and filled in completely and accurately. Failure to provide necessary information could result in denial of the application. **Providing false information may result in ineligibility/disqualification from the Scholarship Program.**
- Verification of income is required at the time of application and at each annual renewal. The Lenexa Parks & Recreation Department has established financial assistance guidelines based upon the current United States Department of Agriculture's Child Nutrition Programs - Income Guidelines. Copies of the guidelines are available for your information.
- If approved, this application is effective for one year from the date of approval unless minimum usage requirements are not met.
- Co-payments must be paid prior to the applicant's participation in any activity or program.
- The City of Lenexa is subject to the Kansas Open Records Act and therefore any material submitted may be subject to disclosure pursuant to law.

Scholarship Agreement

By signing this application form, I, the undersigned, represent and affirm, to the best of my knowledge, that the information provided in this application is true and correct and that all income is reported. I understand that Lenexa Parks and Recreation staff may verify the information on the application, and deliberate misrepresentation of any information may result in ineligibility and/or disqualification from the Scholarship Program. I understand and agree to abide by any and all applicable requirements of the LPRD Scholarship Program Policy, including paying the required co-payments and meeting the continued eligibility and usage requirements.

Signature _____

Date _____

Please contact our office at 913.477.7100 if you would like to schedule a confidential appointment with a Lenexa Parks & Recreation representative to review your completed application and paperwork.