

City of Leavenworth – Parks and Recreation Department  
Riverfront Community Center  
123 S. Esplanade St., Leavenworth, KS 66048  
Tabor Medill – 913.758.6648 or tmedill@firstcity.org

## SCHOLARSHIP APPLICATION

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

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

Address: \_\_\_\_\_, Leavenworth, Kansas 66048

Phone: (\_\_\_\_) \_\_\_\_\_ Phone #2: (\_\_\_\_) \_\_\_\_\_

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

**Dependent's Name(s):**

*(Other than applicant-documentation must be attached)*

**Age**

|       |       |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

I certify that I/my family receives financial assistance from *(Check all that apply-documentation must be attached)*:

\_\_\_ State of Kansas

\_\_\_ Guidance Center

\_\_\_ HUD/Section 8 Housing

\_\_\_ Salvation Army

\_\_\_ Catholic Charities

\_\_\_ Social Security Disability

\_\_\_ School Free/Reduced Lunch Program

\_\_\_ VA Disability

\_\_\_ Other Assistance (describe): \_\_\_\_\_

I certify that I/we live within the Leavenworth city limits. *(Documentation must be attached)*

I understand that I must contact the Parks & Recreation Office to make arrangements to use my scholarship money and that family members cannot use each others' accounts. I also understand that my scholarship is valid for one year from the application date and that I must reapply each year. I further understand that some recreation programs cannot be paid for with my scholarship money.

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

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**FOR OFFICE USE ONLY**

Total Amount Awarded (at \$100 per documented family member): \$ \_\_\_\_\_

This application is:  Approved  Denied

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

Authorized Signature

Comments: \_\_\_\_\_