

## 2021 YOUTH SCHOLARSHIP PROGRAM

*Notice of approval or decline will be received in 5 business days.*

Shawnee County Parks + Recreation provide a wide variety of recreation opportunities for youth, yet not all families are able to afford the fees for participation in our programs. A youth scholarship program has been designed to assist those who meet the financial guidelines as set forth.

**A. Scholarship Requirements: *Scholarship applications will not be processed without all required information.***

- To receive a scholarship, participants must be age 17 or younger and live within Shawnee County. If current address is different from the one listed on income documents, you need to include copies of **two** of the following: a recent utility bill in your name at the current address (water, gas, electric), lease/mortgage statement, current state issued photo ID.
- A copy of parent(s)/guardian(s)' most recent federal income tax return showing **Adjusted Gross Income** and list of claimed **Dependents**.
- **ONLY** if tax return is not available, income verification worksheet and supporting documents must accompany the scholarship application. Any and all household income must be documented.
- The scholarship application must be completed by a parent, guardian, or head of household.

**B. Scholarship Uses:**

- Upon approval, each qualifying household member may receive a specified amount of scholarship funds per year, dependent upon available funds.
- Certain activities are excluded from scholarships.
- Scholarship registrations are non-transferable and non-refundable.

**C. Completion Requirements:**

- Completed scholarship paperwork must be received by our Administration Annex office at 1800 SE 21<sup>st</sup> Street, prior to registration of the program.
- *Mail-in* or *Walk-in* completed application and a copy of your federal income tax form or income verification documents.

**D. Scholarship Procedures:**

- Scholarship approval is good from February 1, 2021 to January 31, 2022.
- Scholarship applications will remain confidential with Shawnee County Parks + Recreation.
- Shawnee County Parks + Recreation reserve the right to cancel a class due to low enrollment and will follow refund policy for canceled programs.
- Failure to attend a class/camp paid for by scholarship may result in the loss of future financial assistance.
- Scholarships may be used in conjunction with online registration or at any SCP+R location including our Administration Annex office at 3137 SE 29th Street. For more information, please call 785-251-6800.

### INCOME GUIDELINES

Parks + Recreation will follow the Federal income guidelines as set forth for free or reduced lunch programs.

| <b>\$180 Scholarship</b>  |                |               | <b>\$90 Scholarship</b>  |                |               |
|---|----------------|---------------|--|----------------|---------------|
| Household Size  | Monthly Income | Annual Income | Household Size   | Monthly Income | Annual Income |
| 2   | \$1,868        | \$22,412      | 2  | \$2,658        | \$31,894      |
| 3   | \$2,353        | \$28,236      | 3  | \$3,349        | \$40,182      |
| 4   | \$2,839        | \$34,060      | 4  | \$4,040        | \$48,470      |
| 5   | \$3,324        | \$39,884      | 5  | \$4,730        | \$56,758      |
| 6   | \$3,809        | \$45,708      | 6  | \$5,421        | \$65,046      |
| 7   | \$4,295        | \$51,532      | 7  | \$6,112        | \$73,334      |
| 8*  | \$4,780        | \$57,356      | 8**  | \$6,802        | \$81,622      |
| *For each additional household member add \$5,824 to the annual income. |                |               | **For each additional household member add \$8,288 to the annual income. |                |               |



3137 SE 29th St Topeka, KS 66605  
Phone (785) 251-6800

**2021 Scholarship Application**

**Head of Household Information:**

\_\_\_\_\_  
Name (Please Print)

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

( ) \_\_\_\_\_ ( ) \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Date of Birth \_\_\_\_\_ Email Address \_\_\_\_\_

**List all household members (17 years and younger) requesting a scholarship and were listed as a dependent on income tax return.**

| NAME | SEX | D.O.B. | Relationship to Head of Household |
|------|-----|--------|-----------------------------------|
|      |     |        |                                   |
|      |     |        |                                   |
|      |     |        |                                   |
|      |     |        |                                   |
|      |     |        |                                   |
|      |     |        |                                   |
|      |     |        |                                   |

Total Household Size as list on tax return (Head of Household + all other household members)

Total Household Income = (Adjusted Gross Income from Federal Income Tax Form)

\$

Attach copy of your federal income tax form or income verification documents.

**Signature:** I certify that all of the above information is true and correct and that all income is reported. I understand that Shawnee County Parks + Recreation officials may verify the information on the application, and deliberate misrepresentation of the information may result in forfeiture of future scholarships. An adult must sign the application before it can be approved.

\_\_\_\_\_  
Signature of Parent, Guardian or Head of Household \_\_\_\_\_  
Date

Staff initials: \_\_\_\_\_ Date: \_\_\_\_\_



# 2021 SCHOLARSHIP INCOME VERIFICATION FORM

The following Income Verification is provided to Shawnee County Parks + Recreation in strict confidence and will be used only as supporting documentation to determine scholarship assistance approval.

**Use this form only if income tax return was not filed.**

**PLEASE NOTE:** A VERIFICATION OF INCOME MUST BE COMPLETED FOR EACH/ALL HOUSEHOLD OCCUPANTS RECEIVING BENEFITS/PENSION/INCOME.

SCHOLARSHIP RECIPIENT'S NAME: \_\_\_\_\_

Last

First

MAILING ADDRESS: \_\_\_\_\_

**Complete the following columns for each household occupant receiving pension/benefits/income and attach third-party verification of income amounts.**

- If unemployed: copies of checks, check stubs, pension/benefit letter showing amounts paid, bank statement (only if direct deposit)
- If employed: (new employer within the current year) copies of most recent pay check, check stubs, bank/statement (only if direct deposit) AND employer statement with date of hire

| GROSS MONTHLY PENSION, BENEFITS, OR INCOME FROM ALL SOURCES |        |
|---|--------|
| TYPE OF PENSION, BENEFIT, INCOME                            | AMOUNT |
| Social Security   |        |
| Unemployment  |        |
| Worker's Compensation                                       |        |
| Disability  |        |
| Employer<br>_____   |        |
| Private Pension   |        |
| Other   |        |
| <b>TOTALS</b>   |        |

I hereby state that my total present monthly income from all sources is \$ \_\_\_\_\_

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_



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