

City of Leavenworth, Kansas, Parks & Recreation Department
123 South Esplanade St., Leavenworth, KS 66048

RECREATION ACTIVITY SCHOLARSHIP PROGRAM
Contact: Tabor Medill at 913-758-6648 or tmedill@firstcity.org

Qualifying low-income or disabled individuals or families who live in the city limits of Leavenworth and are currently receiving public financial assistance may be awarded a **\$100 credit per person per year** to be used toward the following Leavenworth Parks & Recreation Department activities:

Activity List

Your scholarship may be used for the following programs (up to the \$100 maximum credit per person, per year):

1. Admission passes to the Riverfront Community Center fitness facilities (year-round)
2. Youth winter basketball registration fee (registers September 15 to October 15)
3. Youth summer baseball/softball registration fee (registers March 1-31)
4. Youth summer swim team registration fee (registers April)
5. Youth and adult swim lessons (year-round)
6. One 10-punch pass per person (ages 4+), per summer, to the Wollman Aquatic Center (Memorial Day – Labor Day)
7. Adult water exercise class passes (year-round)

Who is eligible to receive a scholarship?

1. Applicants **must be residents of the City of Leavenworth**. Persons residing outside the city limits of Leavenworth are not eligible to apply. (Having a Leavenworth address does not necessarily mean that you live in Leavenworth city.)
2. An individual or head of household with dependents must be **disabled or receiving some type of public assistance**. Please note that a disabled person's benefits statement only qualifies **the disabled person** for a scholarship, not the whole family.
3. Dependents of qualified applicants must live in the same household with the applicant and be financially dependent on the applicant for support. Dependents can be children or adults.

How do I apply?

1. Complete the scholarship application.
2. Gather current (dated within the last 30 days) documentation to prove your eligibility, showing:
 - **You currently live in the city limits of Leavenworth**. You may submit a copy of a current (dated within the last 30 days) utility bill or piece of currently dated mail containing your name and current street address.
 - **The named recipient (parent or legal guardian) must personally apply in person at the appointment time**. Legal guardian is required to provide written proof of guardianship.
 - **You receive any type of financial assistance**. (See document listing on next page.)
 - **Who your dependents are**. You may submit copies of your dependents' free lunch letters, or any other document verifying your dependents.
3. **Call the Recreation Supervisor, Tabor Medill, at 913-758-6648 for an appointment. No walk-ins.**
4. Bring your completed application and supporting documentation with you to your appointment. Applicant must leave a copy of the qualifying document with Tabor Medill. The Parks and Recreation Department may not make copies of the qualifying documents. The applicant is responsible to provide the copy of the appropriate documentation.

****NOTE: APPLICATIONS, QUALIFYING DOCUMENTS, ETC., MAY NOT BE DROPPED OFF, MAILED OR EMAILED. BRING EVERYTHING TO THE APPOINTMENT. ANY PAPERWORK RECEIVED OUTSIDE OF THE APPOINTMENT WILL BE DISCARDED.****

Document List:

Financial Assistance Program	Required Documentation (dated within the last 30-days of this application)
VA or Social Security Administration	<ul style="list-style-type: none">– Statement of Disability Benefits– Verification letter from the agency– State of Kansas disability card
State of Kansas Benefits such as Food Stamps, Child Care Assistance, etc.	<ul style="list-style-type: none">– Case profile report– Award or benefit letter
WIC Program	<ul style="list-style-type: none">– Copies of WIC food vouchers (only names on voucher will be approved)
Free or Reduced Cost Lunch Program for school-aged children	<ul style="list-style-type: none">– Free/reduced lunch approval letter for current school year (valid through the summer following that school year)
Free or Reduced Cost Housing	<ul style="list-style-type: none">– Document from the housing agency verifying assistance – have dependents listed, if applicable
Free or Reduced Cost Services from Riverside Resources or the Guidance Center	<ul style="list-style-type: none">– Letter from the agency verifying assistance

(continued on back)

After your application is approved:

- 1. Using Your Scholarship: Call Tabor Medill at 913-758-6648 to make an appointment to use your scholarship for a qualified program. Scholarship appointments are set consecutively beginning at 9 a.m. on Wednesdays only.**
2. Approvals are based on the applicant's residency as of the approval date. The application will remain valid for one year from the application date regardless of the applicant's residency thereafter.
3. Community Center front desk staff cannot issue scholarship passes or accept scholarship registrations.
4. Parents must complete all applicable registration/waiver forms for each activity or program that they or their family members wish to join.
5. A minimum \$10 co-pay must be paid for each pass or activity at the time of registration.
6. Scholarships do not cover any late fees which may be assessed.
7. Scholarship recipients who issue a **bad check** will have their scholarship accounts inactivated until the bad check and fees are paid in full.
8. Passes will not be issued to children or anyone other than the adults listed on the application.

Restrictions

1. Scholarships cannot be used for special programs, events, or promotions, adult athletic leagues, activities not sponsored by the Parks & Recreation Department, or activities with a contracted vendor.
- 2. Only one (1) Wollman Aquatic Center 10-punch scholarship pass will be issued per person (ages 4 and up), per summer.**
3. Scholarships are good for one year from the application date. Remaining balances will not be carried over into the next year.
4. A person may receive only **one (1) \$100 scholarship per year.**
5. No portion of a scholarship is transferable to any other person.
6. **Lost passes** purchased with a scholarship will not be replaced for free.
7. There are no age restrictions for scholarship recipients.
8. Scholarship recipients must follow all Parks and Recreation Department rules, regulations, and policies. Failure to do so will result in revocation of the scholarship and loss of privileges.

City of Leavenworth – Parks and Recreation Department
Riverfront Community Center
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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)*:

- | | | |
|---|---|---|
| <input type="checkbox"/> State of Kansas | <input type="checkbox"/> Guidance Center | <input type="checkbox"/> HUD/Section 8 Housing |
| <input type="checkbox"/> Salvation Army | <input type="checkbox"/> Catholic Charities | <input type="checkbox"/> Social Security Disability |
| <input type="checkbox"/> School Free/Reduced Lunch Program | <input type="checkbox"/> VA Disability | |
| <input type="checkbox"/> 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: _____

FOR OFFICE USE ONLY

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

This application is: Approved Denied

_____ Date: _____
Authorized Signature

Comments: _____