Parks and Recreation
Adult Folks Scholarship Guidelines

Purpose: To allow Douglas County residents, ages 18 and older, the opportunity to participate in recreational activities through the Lawrence Parks and Recreation Department (LPRD). The Adult Folks Scholarship Fund was developed to provide scholarships for recreational opportunities for all residents with a demonstrated financial need, covering half of LPRD’s registration fees for eligible programs.

Important Information:
- A current KanCare insurance card, or other acceptable document as described in the Required Document section below, is required.
- An acceptable required document, and the attached Adult Folks Scholarship Form can be e-mailed in advance to scholarships@lawrenceks.org, or hand delivered to Sports Pavilion Lawrence® or the Community Building at the time of registration.
- The remaining 50% of the program fee is required at the time of registration.
- Registration for a specific program requires a Class/Activity Enrollment Form which can be found at https://assets.lawrenceks.org/lprd/pdf/registrationform.pdf.
- Some programs are not eligible for scholarships. Programs where the primary costs are contractual (such as tickets or admissions) or are conducted by non-LPRD employees are not scholarship eligible.

Who Qualifies: Any Douglas County resident who meets the qualifications standards and submits the Adult Folks Scholarship Form along with the required documentation. Scholarships are limited to a maximum of $200 per individual, per calendar year.

Required Document: A current KanCare insurance card or a letter from an organization that provides financial support which verifies financial status and standards of State or Federal income eligibility guidelines (i.e. Housing Authority, SNAP, DCF, etc.).

Scholarship Questions: The department welcomes the opportunity to assist all Douglas County residents with participating in LPRD programs. Please call Sports Pavilion Lawrence® (785-330-7355) or the Community Building (785-832-7920) with any questions regarding the Adult Folks Scholarship. Appointments in advance are encourage to ensure faster service. Please call ahead to ensure staff is available to process your scholarship in a timely manner.

scholarships@lawrenceks.org

“We create a community where all enjoy life and feel at home.”
Parks and Recreation

Adult Folks Scholarship Form

Today’s Date: ______________________

Participant Name ____________________________________________________

Parent/Guardian Name (if under age 18) __________________________________

Address __________________________________________________________________

City/State/Zip __________________________________________________________________

Phone # __________________________________________________________________

Required Document A current KanCare insurance card or a letter from an organization that provides financial support which verifies financial status and standards of State or Federal income eligibility guidelines (i.e., Housing Authority, SNAP, DCF, etc.).

Checklist for Scholarship:

_____ Adult Folks Scholarship Form
_____ KanCare insurance card OR other acceptable Required Document
_____ Class/Activity Enrollment Form
_____ Remaining 50% of the Program Fee

Participant’s Name __________________________________ Date of Birth __________

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Participant’s Name __________________________________ Date of Birth __________

I, ______________________ (name of participant or parent/guardian), give permission to authorize LPRD staff to verify information on this application. I also understand that deliberate misrepresentation of information subjects the participant to being disqualified for scholarship consideration. I hereby certify that all of the above information is true and correct to the best of my knowledge and belief. The Lawrence Parks and Recreation Department reserves the right to request proof of any of the above information. Failure to supply the necessary information could result in denial of financial assistance. If a program uses supplies, facilities, or issues equipment with a cost that is not returnable or refundable, applicants will be asked to cover the cost of those supplies, facilities, or equipment. I understand that all scholarship forms will remain confidential.

_________________________________ __________________________
Participant or Parent/Guardian Signature Date

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