



## 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) regardless of household financial conditions. 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 All Folks Scholarship Form can be e-mailed in advance to [parksrec@lawrenceks.org](mailto:parksrec@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 All Folks Scholarship Form along with the required documentation. Scholarships are limited to a maximum of \$200 per individual, per year.

**Required Document:** A current KanCare insurance card or a letter from an organization that provides financial support which verifies financial status equivalent to free/reduced lunch eligibility standards 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.



[parksrec@lawrenceks.org](mailto:parksrec@lawrenceks.org)



City of Lawrence  
PARKS AND RECREATION

# Parks and Recreation Adult Folks Scholarship Form



City of Lawrence  
PARKS AND RECREATION

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 equivalent to free/reduced lunch eligibility standards or federal income eligibility guidelines (i.e. Housing Authority, SRS, 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 \_\_\_\_\_

Participant's Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

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**