LAWRENCE PARKS AND RECREATION
WEE FOLKS SCHOLARSHIP GUIDELINES

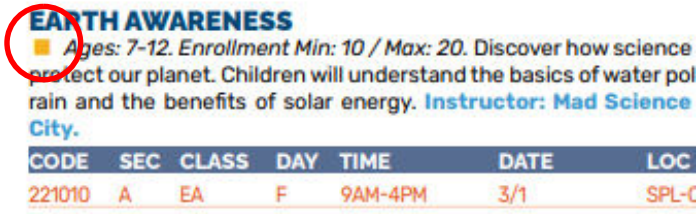
Who Qualifies: Any Douglas County youth 17 years old and under. Must provide required documentation.

Required Documentation: A copy of a KanCare Insurance Card, or a letter from an organization that verifies that the participant receives state or federal assistance (i.e. USD 497 Lunch Letter, Housing Authority, DCF, etc.).

Scholarship Options: Participants are only eligible for one of the following options:
Program Option: Participants receive 50% off approved LPRD programs up to a maximum of $200 per calendar year.
Camp Option: Participants receive 50% off approved LPRD camps up to a maximum of $800 per calendar year.

Participants may not combine Scholarship Options. Once processed, no changes can be made.

Some programs/camps are not eligible for scholarships. An orange box listed next to the program notates that the program is facilitated by a third party and not eligible for scholarships.



EARTH AWARENESS

Ages: 7-12. Enrollment Min: 10 / Max: 20. Discover how science protect our planet. Children will understand the basics of water pol rain and the benefits of solar energy. **Instructor: Mad Science City.**

CODE	SEC	CLASS	DAY	TIME	DATE	LOC
221010	A	EA	F	9AM-4PM	3/1	SPL-(

Examples of Activities Not Scholarship Eligible
* Skateboarding: Classes & Camps
* Climb Lawrence | *Mad Science | * Welding
*Youth Tech | * Play-Well | * Woodworking

Registration: In order to register for scholarships, you will need to have a completed Scholarship Form (attached), your supporting documentation, and a completed activity registration form (attached).

Scholarships cannot be processed online or by phone. To register with a scholarship you must visit either of these location in person. No exceptions.

Community Building
115 W. 11th St.
Lawrence, KS
785-832-7920

or

Sports Pavilion Lawrence®
100 Rock Chalk Way
Lawrence, KS
785-330-7355

Documentation may be presented at the time of registration or emailed to scholarships@lawrenceks.org.

Scholarships are processed 9 am - 4 pm, Monday - Friday. Please call ahead to ensure that staff are available to process your scholarship registration. Appointments in advance are *highly encouraged* to ensure service in a timely manner.

Checklist for Scholarship:

_____ Completed Wee Folks Scholarship Form

_____ Required Documentation

_____ Activity Enrollment Form

_____ Remaining 50% of the Program Fee

Parks and Recreation

Wee Folks Program Scholarship Form

Please return to: Community Building *or* 115 W. 11th St. Lawrence, KS 66044 785-832-7920

Sports Pavilion Lawrence 100 Rock Chalk Ln. Lawrence, KS 66049 785-330-7355

*Important: *Completing a scholarship application **does not** register a child for a program. Please complete a registration form separately for the activities in which your child wants to participate.*

Parent/Guardian Name: _____ Date: _____

Address: _____

City/State/Zip: _____

Primary Phone: _____ Email: _____

Required Document: Copy of KanCare insurance card or a letter from an organization that provides financial support that verifies financial status equivalent to free/reduced lunch eligibility standards or federal income eligibility guidelines (i.e. Housing Authority, DCF, etc.).

Checklist for Scholarship:

_____ Wee Folks Scholarship Form
_____ School District Letter OR other acceptable Required Document
_____ Class/Activity Enrollment Form for Sports Leagues, or Other Recreation Classes
_____ Remaining 50% of the Program Fee

Child's Name: _____ Date of Birth: _____
Child's Name: _____ Date of Birth: _____
Child's Name: _____ Date of Birth: _____

I, _____ *(name of parent/guardian),* give permission to authorize LPRD staff to verify information on this application. I also understand that deliberate misrepresentation of information subjects the child/children 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.

_____ Parent/Guardian Signature

_____ Date

Lawrence KANSAS

ACTIVITIES REGISTRATION
Lawrence Parks and Recreation
115 W. 11th St., Lawrence, KS 66044
(785) 832-7920

FOR RECREATION USE ONLY Date _____
☐ Cash ☐ MC ☐ VS ☐ D ☐ Check # _____ Registrar _____ Loc. _____

HOUSEHOLD INFORMATION
(PLEASE PRINT)

Name _____ Sex ☐ Male ☐ Female

Address _____ City _____ State _____ ZIP _____

Home Phone _____ Work Phone _____ Cell _____

E-mail _____

Secondary/Emergency Contact _____ Phone _____

☐ **YES!** I would like to make a donation to the LPRD scholarship fund. Amt: $_____

Participant's First Name	Participant's Last Name	Birth Date	Sex M/F	Class Code	Sec	Class Name	Fee	Start Date

In consideration of my (and/or my child's) participation in this activity, I hereby release and discharge the City of Lawrence, Kansas, from any and all liability arising from accident, injury and illness that I (or my child/children) may suffer as a result of participation in such activity. I further agree to indemnify and hold harmless the City of Lawrence, Kansas and its employees from any and all claims resulting from injuries, damages and losses sustained by me (and/or my child/children) arising out of, connected with or in any way associated with the activity. In the event of emergency, I authorize City officials to secure from any licensed hospital, physician or medical personnel any treatment deemed necessary for me (and/or my child's) immediate care and agree that I will be responsible for payment of any and all medical services rendered. If any damage to City facilities, equipment or materials occurs as a result of misuse by me (and/or my child) during use in activity enrolled or participating in, I will be responsible for payment of any repairs and/or replacement needed. Also, the undersigned and/or the participant(s) authorize the City to use at its discretion any photograph(s) (black/white or color and video footage) taken of participants while participating in City programs and activities for marketing in print or by electronic means. Registration is not valid without signature. For faxed registration, signature provided by transmittal will stand as a valid signature and will be held as binding and will represent consent of waiver here within.

I HAVE READ AND UNDERSTAND THE WAIVER, REGISTRATION AND REFUND POLICIES

Signature Required _____ Date _____

Please Print Name _____ **REGISTRATION INVALID WITHOUT SIGNATURE**

METHOD OF PAYMENT

☐ Check or Money Order (**Payable to: City of Lawrence**) ☐ Cash ☐ MasterCard ☐ Visa ☐ Discover

DO YOU NEED SPECIAL ACCOMMODATIONS TO PARTICIPATE IN THESE PROGRAMS? ☐ **YES** ☐ **NO**

If Yes, please explain. _____