



Recreation Assistance Program

(Please print)

Verify tax return with parent or guardian's driver's license - Yes _____ (continue) No _____ (**STOP** process)

Date: _____

Name of Participant: _____ Age: _____

Parent/Guardian Name: _____

Address: _____, Bonner Springs, KS 66012

Home Phone: _____ Cell Phone: _____

Place(s) of Employment: _____ Work Phone: _____

_____ Work Phone: _____

Other information to support need? _____

(Please explain, use back if necessary)

Applicant provided the following documentation:

____ WIC ____ Foster Care ____ Food Stamps

____ Tax Return ____ Free Lunch Letter

I certify that all of the above information is true and correct and that all income is reported. Bonner Springs Parks and Recreation Department staff may verify the information.

Signature of Parent/Guardian

Date



Recreation Assistance Program
 (continued)

<u>Requested Recreation Program(s): List priorities</u>	<u>Date/time of program</u>	<u>Cost</u>
1. _____	_____	\$_____
2. _____	_____	\$_____
3. _____	_____	\$_____

For more information or questions, call 913-422-7010.

Return application and tax returns to: Bonner Springs Parks and Recreation Dept.
 200 East 3rd Street
 Bonner Springs, KS 66012

Scholarship Recipients

- Recipients of 100% scholarships of a program - \$5 co-pay.
- Recipients of 100% scholarships of a sports league - \$10 co-pay.
- Recipients of 50% scholarships pay 50% of program fee.
- For more information, please see “Scholarship Rules” information page.

PARKS AND RECREATION USE ONLY

Scholarship: _____ Granted _____ Denied - Why? _____

Actual Program Fee: \$ _____

Amount of fee waived: 100 %
 50%

Co-Pay: \$5 \$10

Balance Owed to the Department: \$ _____

Date Balance Paid: _____

Receipt #: _____

Date Registered: _____

Initials of Staff: _____