



## 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)

Requested Recreation Program(s): Lis priorities	Date/time of program	Cost
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 3<sup>rd</sup> 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 %                      Co-Pay:    \$5    \$10

50%                                      Balance Owed to the Department: \$\_\_\_\_\_

Date Balance Paid: \_\_\_\_\_                      Receipt #: \_\_\_\_\_

Date Registered: \_\_\_\_\_

Initials of Staff: \_\_\_\_\_