



MANHATTAN PARKS AND RECREATION DEPARTMENT
SCHOLARSHIP PROGRAM

Please fill this form out completely.

Meeting the requirements set forth on this form, the procedure will be to provide 50% cost assistance, **with a maximum assistance of \$150 per household per calendar year from January 1 through December 31. All scholarships will expire on December 31. Any remaining scholarship money will not carry over to the next year.** Each household must fill out this form and provide documentation of eligibility and return it to the Parks and Recreation office for approval.

(Parent/Guardian Information)

First Name: _____ **Last Name:** _____

Address: _____ **City:** _____

State: _____ **Zip Code:** _____ **Phone:** _____

Email Address: _____

Proof of eligibility is required. Below are the documents that can be used to qualify for the Manhattan Parks and Recreation Department scholarship program.

1. Benefit letter for State assistance
 - a. Supplemental Nutrition Assistance Program (SNAP)
 - b. Social Security Benefit Letter
2. Free or reduced lunch or benefits letter from any surrounding school district to include but not limited to:
USD 383 Manhattan-Ogden, USD 323 Rock Creek, USD 320 Wamego, USD 378 Riley County, USD 475 Geary County
3. Foster Care Award Letter
4. Last Year's Income Tax Return
5. If any Big Lakes Development Center clients work for Big Lakes only or do not have a job at all; they will qualify for a scholarship

List Immediate Family Members *(Anyone who lives in the household excluding the Parent/Guardian name above)*:

First & Last Name	Age	First & Last Name	Age
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

OFFICE USE ONLY		
Qualified with _____	Date _____	Approved by _____