



3137 SE 29th St Topeka, KS 66605
Phone (785) 251-6800

2026 ADULT ADAPTIVE SCHOLARSHIP PROGRAM

Shawnee County Parks + Recreation provide a wide variety of recreation opportunities yet not all participants are able to afford program fees. An adult adaptive scholarship program has been designed to assist adults with disabilities, who meet the financial guidelines, with program fees.

DISABILITY DETERMINATION:

For the Adult Adaptive Scholarship, SCP+R uses the following criteria to determine if an individual has a qualifying disability:

- A disability as defined in Section 223 of the Social Security Act:
 - a. An inability to engage in any substantial activity by reason of any medically determinable physical or mental impairment, which can be expected to last for a continuous period of not less than 12 months,
- OR: A developmental disability as defined by section 102(7) of the Developmental Disabilities Assistance and Bill of Rights Act:
 - a. A severe, chronic disability that:
 - i. **Is attributable to a mental or physical impairment, or a combination of both;
 - ii. **Is manifested before the individual attains age 22;
 - iii. **Is likely to continue indefinitely;
 - iv. **Results in substantial functional limitations in at least three of the following areas of major life activity:
 1. Self-care
 2. Receptive and expressive language
 3. Learning
 4. Mobility
 5. Self-direction
 6. Capacity for independent living
 7. Economic self-sufficiency
 - b. **Reflects the individual's need for a combination and sequence of special, interdisciplinary, or generic care, treatment, or other services that are of lifelong or extended duration and are individually planned and coordinated.

REQUIREMENTS: Applications will not be processed without all required information.

- **Scholarship Application**
 - The scholarship application must be completed by a participant, guardian, or designee with legal authority.
- **A copy of participant or guardian's most recent federal income tax return showing **Adjusted Gross Income** and list of claimed **Dependents**.**
 - If current address is different from the one listed on income documents, please include copies of **two** of the following: a recent utility bill in your name at the current address, lease/mortgage statement, current state issued photo ID.
 - **ONLY** if tax return cannot be obtained, income verification worksheet and supporting documents must accompany the scholarship application. Any and all household income must be documented.
- **Verification of Disability (VoD) as described below. Acceptable VoD forms include:**
 - Completed VoD form (included below)

- OR: SSA Benefits Letter
- OR: Statement or Letter on a physician's/medical professional's letterhead stationery.
- OR: Statements, records, or letters from a Federal Government Agency that issues or provides disability benefits
- OR: Statements, records, or letters from a State Vocational Rehabilitation Agency counselor
- OR: Certification from a private Vocational Rehabilitation or other Counselor the issues or provides disability benefits

• Application Submission

- Completed application with all required paperwork must be received prior to registration of the program
- Applications can be submitted the following ways:
 - Dropped off at any SCP+R office, Attn. SCP+R SCHOLARSHIPS, DARLENE STREETER
 - By email to: Darlene.streeter@snco.us
 - By mail to:

Shawnee County Parks & Recreation
Attn: Scholarship Application, Darlene Streeter
1800 SE 21st St.
Topeka KS. 66607

SCHOLARSHIP USE:

- Upon approval, each qualifying household member may receive a specified amount of scholarship funds per year, dependent upon available funds.
- Some activities are excluded from the scholarship program. Available activities are labeled *Scholarship Eligible* in our online guide and program registration system
- Scholarship registrations are non-transferable and non-refundable.

PROCEDURES

- Scholarship approval is good from February 1, 2026 to January 31, 2027.
- Scholarship applications will remain confidential with SCP+R.
- SCP+R reserve the right to cancel class due to low enrollment and will follow refund policy.
- Failure to attend a class/camp paid for by scholarship may result in the loss of future financial assistance.
- Scholarships may be used in conjunction with online registration or at any SCP+R location including our administration office at 3137 SE 29th Street. For more information, please call 785-251-6800

INCOME GUIDELINES

Parks + Recreation uses the same standards of earning at or less than 130% and 185% of the federal poverty level that free and reduced lunch programs use to determine eligibility.

INCOME ELIGIBILITY GUIDELINES

[Effective from July 1, 2025 to June 30, 2026]

48 Contiguous States, District of Columbia, Guam, and Territories

1	15,650	28,953	2,413	1,207	1,114	557	20,345	1,696	848	783	392
2	21,150	39,128	3,261	1,631	1,505	753	27,495	2,292	1,146	1,058	529
3	26,650	49,303	4,109	2,055	1,897	949	34,645	2,888	1,444	1,333	667
4	32,150	59,478	4,957	2,479	2,288	1,144	41,795	3,483	1,742	1,608	804
5	37,650	69,653	5,805	2,903	2,679	1,340	48,945	4,079	2,040	1,883	942
6	43,150	79,828	6,653	3,327	3,071	1,536	56,095	4,675	2,338	2,158	1,079
7	48,650	90,003	7,501	3,751	3,462	1,731	63,245	5,271	2,636	2,433	1,217
8	54,150	100,178	8,349	4,175	3,853	1,927	70,395	5,867	2,934	2,708	1,354
For each add'l family member, add	5,500	10,175	848	424	392	196	7,150	596	298	275	138



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2026 SCP+R Scholarship Application

Scholarship Applicant Information:

Name (Please Print)	Date of Birth	
Street Address		
City	State	ZIP
Home Phone	Cell Phone	Email Address

Guardian Information (Required if applicant is claimed as dependent):

Name (Please Print)	Date of Birth	
Street Address		
City	State	ZIP
Home Phone	Cell Phone	Email Address

Total Household Size as listed on
tax return (Head of Household + all
other household members)

Total Household Income =
(Adjusted Gross Income from
Federal Income Tax Form)

\$

Attach copy of your federal income tax form with listed household and adjusted gross income.

Signature: I certify that all of the above information is true and correct and that all income is reported. I understand that Shawnee County Parks + Recreation officials may verify the information on the application, and deliberate misrepresentation of the information may result in forfeiture of future scholarships. An adult must sign the application before it can be approved.

Signature of Parent, Guardian or Head of Household _____ Date _____

Staff initials: _____ Date: _____

Scholarship applications will be reviewed within 10 business days



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Verification of Disability

To be eligible for SCP+R adult adaptive scholarships an individual must meet certain disability criteria (outlined below). This form serves as proof of disability. For a person receiving disability benefits from the Social Security Administration (SSA) or Veterans Administration (VA), benefit documentation can also serve as proof of disability. Additional verification beyond benefits documentation may be required to determine eligibility for specific projects.

Qualifications to fill out the Verification of Disability Form:

- Certified Alcohol and Drug Counselor Level 1, 2, and 3
- Doctor of Chiropractic Medicine
- Doctor of Osteopathic Medicine
- Licensed Clinical Social Worker
- Licensed Nurse Practitioner
- Psychiatric Mental Health Nurse Practitioner
- Certified Nursing Specialist
- Family Nurse Practitioner
- Medical Doctor
- Physician's Assistant
- Qualified Mental Health Professional

Name of Participant: _____

An individual with a disability is a person who has:

- A disability as defined in Section 223 of the Social Security Act. This is an inability to engage in any substantial activity by reason of any medically determinable physical or mental impairment, which can be expected to last for a continuous period of not less than 12 months, OR
- A developmental disability as defined by section 102(7) of the Developmental Disabilities Assistance and Bill of Rights Act.

Based on the above definition(s), it is my opinion that the individual indicated above:

_____ is disabled _____ is not disabled

I certify that the above information is true and correct

Title

Agency/Organization

Signature

Date

Phone