



*A Community Leadership Program*



**Program Scholarship Request**

*Completed scholarship requests must be submitted with your application to Labette Center for Mental Health Services at 1730 Belmont, PO Box 258, Parsons, KS 67357, or to [monica@lcmhs.com](mailto:monica@lcmhs.com) by August 31<sup>st</sup>.. Applicants will be notified of scholarship status by September 1<sup>st</sup>.*

Applicant Name \_\_\_\_\_

**Explain your financial need:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\*\*\*\*\*Board Use Only\*\*\*\*\*

Date Received \_\_\_\_\_

Scholarship Award Amount \_\_\_\_\_

Date Notified \_\_\_\_\_