The Ability to Participate

We understand that there are circumstances when financial limitations hinder participation in Kenan Center programs.

If you are in need of financial assistance for yourself or your children, please complete this application and mail to or drop off at the Kenan Center.

All information provided is confidential.



MISSION

Kenan Center enriches lives by providing the community with cultural, educational, and recreational opportunities.

Scholarship Guidelines

- Preschool deadline is the last day of February each year for the following academic year.
- KidQuest Summer Programs deadline is June 15th each year.
- Soccer deadline is the same deadline as the soccer session registration deadline.

For all programs

- All families expected to pay at least 15% of enrollment/tuition fees.
- Supporting financial documents (such as verifiable tax/free & reduced lunch approval documents) may be required.
- A limited number of needs-based scholarships are available. Please submit applications as soon as possible for consideration.



Updated: February 2018 Subject to periodic updates due to program deadlines.



433 Locust Street, Lockport, NY 14094 (716) 433-2617 info@kenancenter.org www.kenancenter.org

SCHOLARSHIP APPLICATION



KENAN CENTER

applying for assistance.	Employment Information	Were there any significant life events that caused you to require assistance?
ALL INFORMATION PROVIDED IS CONFIDENTIAL.	Guardian #1 Employer/Former Employer	
Application Date	Guardian #1 Occupation	Household Income Information
Are you currently a member of Kenan Center? ☐ YES ☐ NO	Guardian #2 Employer/Former Employer	Salary #1 \$ (if applicable) Other Income: \$ Sources:
If not, would you like this scholarship to include a membership to the Kenan Center? YES NO	Guardian #2 Occupation Program Information	Household Expense Information Mortgage/Rent (monthly): \$
	Program(s) Desired	Utilities: \$
Full Name	Who is enrollment for? (Myself/My Child)	Car Payments: \$ Other Loans: \$
Street Address	Child's Name	Credit Cards: \$ Insurance: \$
City, ST, ZIP	Child's DOB Requesting Assistance Amount: \$	Other Tuition Expenses: \$
		Other Expenses: \$ YOU MAY ATTACH ADDITIONAL SHEETS OF INFORMATION TO HELP US BETTER UNDERSTAND YOUR SITUATION.
Contact Information	Briefly explain why you are requesting assistance.	PARENT/GUARDIAN SIGNATURE:
Cell		FOR OFFICE USE ONLY
		Date Received
Home		Referred By
		Amount Requested
Work		Amount ApprovedApproved By
		Tipprovou Dy

Email

Date Notified