



*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 September 6<sup>th</sup>. Applicants will be notified of scholarship status by September 9<sup>th</sup>.*

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

**Explain your financial need:**

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

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

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

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