



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 by August 19th. Applicants will be notified of scholarship status by August 26th..

Applicant Name _____

Explain your financial need:

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

Date Received _____

Scholarship Award Amount _____

Date Notified _____