Positive Bright Start

Serving Children Supporting Caregivers Strengthening Our Community

Hospitality Industry Financial Aid Fund Application

Funding Sources: Lawrence Restaurant Association Endowment Fund of the Douglas County Community Foundation

Revised June 22, 2026

Applicant Eligibility:

- Applicants must be actively employed in the hospitality industry in Douglas County, KS for at least 90 days and provide a valid paystub dated within the previous 30 days. Hospitality industry business includes food and drink establishments, catering, and music venues serving beverages.
- Applicants must verify that receipt of the funds would help them to remain employed within the hospitality industry.
- Applicant's total household income must be 150% federal poverty level or under, verified by their 1040 tax return document.

Application Process:

- All financial aid is subject to the availability of funds.
- After processing, all applicants will receive an email notification of their status and any necessary information.
- When funds are allocated, qualified applicants will be placed on a waiting list for a potential future scholarship award. Ineligible applicants will receive a denial notification.

Incomplete applications will cause a delay in processing. Please complete each page of the application in full and attach all required supporting documentation listed on the application.

Questions about this financial aid program and applications may be emailed directly to Sunday Monson: sunday@positivebrightstart.org.

Applicant Rights & Responsibilities

A. I understand that any financial aid I may receive is subject to the availability of funding, the income eligibility of my family, and to any policy changes or decisions.

B. I understand that this financial aid is provided by the funder to support applicants working within the hospitality industry and award amounts per person are limited by the funders.

C. I understand that applications are prioritized by documented financial need based on gross household income and that I have the responsibility to report fully all required financial information, provide documentation as part of my application, and that falsifying any information on this application will make me ineligible for this program.

D. I understand that if I choose not to accept financial aid when offered, or am non-responsive to contact efforts, the funds I would have received will be offered to another family on the waiting list.

Applicant Contact Information

Name(s): _____

Address: _____ Zip Code: _____

County: _____ Phone: _____ Email: (Agency use only) _____

(Email is the primary contact method of this program.)

List All Household Members (list applicant/primary caregiver first)

Name	**Date of Birth**
_____	_____
_____	_____
_____	_____
_____	_____

Hospitality Employment Information

Hospitality Employer | Date of Hire

_____ _____
_____ _____
_____ _____

Please circle type of funds needed: Child Care Rent Utility Medical Transportation
Amount Requested: $_____

Please briefly describe your financial need: _____

_____
_____
_____
_____
_____
_____

Required Income Verification Documentation

Provide a copy of the most 1040 tax return form for ALL adult members of the household.

Required Hospitality Employment Verification

Provide the following for all adult members of the household employed in the hospitality industry:

1. **A copy of a valid paystub dated within the previous 30 days verifying current hospitality employment in Douglas County, KS.**
2. **A letter from the hospitality employer verifying the applicant has been actively employed in the hospitality industry in Douglas County, KS for at least 90 days OR valid paystubs verifying the applicant's employment in the hospitality industry in Douglas County, KS for at least 90 days.**

Required: Please describe how a supplemental early education tuition scholarship would help the applicant to remain employed within the hospitality industry.

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

I have read and understand the preceding information. I certify that all the information provided on this application is correct to the best of my knowledge.

Signature of Applicant: _____ **Date:** _____