



Centre Region Council of Governments

CENTRE REGION PARKS AND RECREATION

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Serving the Borough of State College and the Townships of College, Ferguson, Harris & Patton

YOUTH RECREATION SCHOLARSHIP REQUEST

Centre Region Parks & Recreation is a local government agency serving five municipalities in the Centre Region. The CRPR Board is committed to providing quality recreation opportunities to all children residing in those municipalities. While the fees associated with those opportunities represent a philosophy that the participant should cover the costs of providing the service, the Board has also authorized the Director to offer reduced fees, when appropriate, so that all children can benefit from community recreation opportunities.

Accordingly, please complete one request form for each youth in the household that is requesting a scholarship for a CRPR recreation program. All applicants must be residents of a participating municipality (listed above), and be 18 years or under in age. Application should be submitted to the CRPR office **at least two weeks prior to the start of the program**. All information will remain confidential with the Director. Final action on this request will depend on scholarship fund availability and the number of requests made by residents. Thank you for your interest in Centre Region Parks & Recreation.

- PLEASE PRINT CLEARLY -

Youth's Full Name:

Date of Birth: _____ Age: _____ Gender: Male Female
 School Name: _____ Grade: _____
 Mailing Address & Zip Code: _____

Evening Phone:

Resident of: __State College Borough ___College Twp. ___Ferguson Twp. ____Harris Twp. __Patton Twp.

Does the student currently qualify for Free/Reduced-Price Lunch Program with the SCASD? (Circle one)

Free Lunch Reduced Lunch Does Not Qualify Not Sure Not Applicable

Parent/Guardian's Name:

Relationship to Youth: _____
 Mailing Address: (skip if same as above) _____

Day Phone: _____ Evening Phone: _____ Email: _____

Program(s) Requested For Scholarship Assistance:

Program Number & Name:	Date Program Begins:	Regular Fee:

If I accept this scholarship offer on behalf of the child, I understand that payment-in-full of the remaining fees must be made prior to the start of the respective program or as stated on the Payment Plan, if available..

Signature of Parent/Guardian: _____ Date: _____

Please add any details about this request on the back of this form.