

Upper Dublin Township Recreation Scholarship Fund Application

Participant Name (please submit separately for each child): _____

Age: _____ Grade as of September, '20: _____

Parent/Guardian (primary contact): _____

Address: _____

Email Address: _____

Day Time Phone: _____ Evening Phone: _____

Program(s) Interested In? (Circle all that apply):

UDP&R Programs

Does the Participant attend an Upper Dublin School District school? *Yes No* (circle one)

If "Yes", does the Participant receive free or reduced lunch? *Yes No* (circle one)

If "Yes", is it free or reduced? *Free Reduced* (circle one)

A copy of the letter that you received from Upper Dublin School District stating that the Participant gets free or reduced lunch is required to be included with this application. This will be used to help determine the amount of a discount the Participant will receive.

If the Participant does not attend Upper Dublin School District, please provide us with the following information:

Where does the Participant receive education?: _____

What is the combined income of all family members in the Participant's household? _____

Number of People in Household? _____

Office Use Only:

Approved By: _____

Amount Approved: _____

Cost to Participant: \$ _____

Cost to Upper Dublin Organization: \$ _____