Upper Dublin Township Recreation Scholarship Fund Application

370 Commerce Drive, Fort Washington, PA 19034 (215) 643-1600 x3443 www.upperdublinrec.net

Participant Name (please submit separately for each child):			
Age:	e:Grade as of September, '24:		
Parent/Guardian (primary contact):			
Address:			
Email Address:			
Day Time Phone:	Evening Phone:		
Program(s) Intere	sted In? (Circle all that apply):		
UDP&R Programs, U	JDYFC, UDSC, UDAC, Girls Lacrosse, Boys Lacrosse, UDJAA		
Does the Participa	ant attend an Upper Dublin School District school? Yes	No	
	(circle one)		
Please provide us v	vith the following information:		
Where does the Part	icipant receive education?		
What is the combine	d income of all family members in the Participant's household?		
Number of People in	Household?		
Reason for hardshipʻ	?		
Any other information			
			
Office Use Only:			
Approved By:	Amount Approved:		
Cost to Participant: \$	Cost to Upper Dublin Organization: \$		