



CATSKILL RECREATION CENTER

651 County Highway 38, Arkville, NY 12406

(P) 845-586-6250 (F) 845-586-3511 www.catskillrecreationcenter.org

YOUTH SCHOLARSHIP APPLICATION

Thank you for your interest in The Catskill Recreation Center Youth Scholarship program. We offer assistance to youth starting at 5 years (Kindergarten) up to 18 years of age whose families are not able to pay full fees for youth programming/membership. We have limited funds and will provide the scholarship on a basis of need and desire of the youth to participate in specific activities. The youth must commit to attending 80 % of the classes or if the chosen scholarship is a membership, they should come to the recreation center at least 8 times a month.

To apply for a Youth Scholarship Fund, please bring all of the following information to the **front desk in a sealed envelope**.

1. Child shall write an essay, or draw pictures describing why they are interested in participating in the specific program of their choice.
2. Completed Youth Scholarship application.
3. If child is eligible for free or reduced lunches at school; a letter of proof from the school indicating this.

Bring all completed forms and necessary paperwork to the CRC front desk. Be sure to include all of the needed items and paperwork, as missing documentation will slow down the application evaluation process. There will be four cycles of Scholarship opportunities. You may apply in January, April, July, and October.

You will receive an email within two weeks regarding your qualification and next steps.

Thank you again for your interest. We look forward to seeing you at the CRC.

Becky Manning
Executive Director

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Scholarship Request

Please choose the category that your child is interested in participating in.

1. Swim Lessons Session _____
2. Swim Club Season _____
3. 3 Month Membership: Includes membership for child 5 years – 12 years and one adult. _____
4. 3 Month Membership: Young Adult Membership (13 – 18) _____
5. Lifeguarding Class: Youth ages 15 – 18 _____

Please indicate the amount of money you would be able to contribute to the program of child's Choice. _____

Child's First Name:	Parent/Guardian's First Name:
Child's Last Name:	Parent/Guardian's Last Name:
Age:	Street Address:
Gender:	City, State, and Zip:
Date of Birth:	Daytime Phone:
School:	Evening or Cell Phone:
Grade:	E-Mail Address:

Is the youth applicant eligible for free or reduced lunches? _____ Yes _____ No

If yes, Please include proof via a letter from the school.

I certify that this information is true and complete to the best of my knowledge. I grant permission to the CRC to verify this information.

Signature of Parent/guardian of applicant

Date