



THERAPEUTIC RECREATION

SCHOLARSHIP FEE ASSISTANCE PROGRAM

The Department of Calvert County Parks & Recreation (CCPR) recognizes that some patrons residing in Calvert County require financial assistance in order to participate in CCPR activities. The Therapeutic Recreation Scholarship Fee Assistance Program is designed to assist individuals with disabilities with funds to participate in various therapeutic recreation programs or therapeutic summer camps at a reduced cost.

ELIGIBILITY CRITERIA

- Applicants must be a Calvert County resident.
- Applicant must have a diagnosed disability.
- All scholarship applications must be submitted two weeks prior to the start date of the program (unless pre-approved).

Each season (spring, summer, fall, winter), an individual may qualify for one award from the following options, based on fund availability:

- **100%** of program fees not to exceed **\$100**.
- **50%** of total Therapeutic Summer Camp fees not to exceed **\$500**.
- **50%** of the balance not covered if funding is received by other outside funding agencies.
- Assistance will be given on a first come, first served basis.

HOW TO APPLY

- Complete the Therapeutic Recreation Scholarship application information to process your request. Applications may be:
 - **Mailed to:**
Attn. Therman Gray Scholarship
Calvert County Department of Parks & Recreation
175 Main St., Prince Frederick, MD 20678
 - **Emailed to:** TRservices@calvertcountymd.gov
- Once you have been awarded the scholarship, the applicant is responsible for the remainder of the balance prior to start of program, unless the balance funds are scheduled to be received by a third party.
- All information gathered for the Therapeutic Recreation Scholarship Fee Assistance Program is kept in strict confidence.
- If you have questions, please call 410-535-1600, ext.8203, 8204 or 8205.

**This process excludes any funds raised for the TR Duck Race event. Funds raised will follow duck race guidelines.*



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THERAPEUTIC RECREATION PARTICIPANT INFORMATION

First Name: Last Name: Age:

Disability:

Requested Therapeutic Recreation program or camp to fund:

Event Name: Activity ID Number:

Name of Primary Guardian(s):

Address of Primary Guardian(s):

City: State: Zip:

Phone Numbers:

Home Cell Work

Email Address:

Emergency Contact:

Name: Phone:

Language spoken in the home:

- English
- Spanish
- French
- American Sign Language
- Other

I attest that the information that I have provided is true and accurate to the best of my knowledge. Providing inaccurate information will lead to disqualification of scholarship funds.

Duck Race participants only - Duck Race funds will follow the Duck Race guidelines.

Signature of Primary Guardian

Date

OFFICE USE ONLY

HH Name: HH #: Approved By: Amount (\$):

Activity #'s: Date Applied: Date Entered: