

## Killeen Recreation Services Scholarship Program

KRS Youth Scholarship is for Killeen youth to attend City fee-based programs. Funds will be disseminated on a first come, first served basis of eligibility until depleted and are intended to provide a fee reduction regarding the registration cost of youth programs.

The following limits apply to all scholarship applications:

- Applicants:
  - Must be a resident of Killeen, Texas
  - o Must be 4-17 years old
- Scholarships Are Available for:
  - City-Based Programs, Events, Camps, Clinics, Activities, Lessons, Facility Memberships and Summer Pool Passes
- Scholarships ARE NOT Available for:
  - Single admissions to facilities
  - Programs co-sponsored by other organizations
- Each child may receive up to \$100 with a maximum of \$200 per family per summer.
- Proof that applicant receives state or school assistance
  - o Food stamps, WIC, Free or reduced school meals
  - o Proof of Killeen, Texas Residence
    - Examples Utility bill, housing lease, etc.



## Killeen Recreation Services Scholarship Application Return Applications Family Recreation Center, 1700 E. Stan Schlueter Loop

KPR@killeentexas.gov • 254-501-6390

PARENT / GUARDIAN			
Name		Date of Birth	
Street Address			
City, State, Zip			
Home Phone		Cell Phone	
Email Address		,	
CHILD #1			
Name		Date of Birth	
Program Name		Amount you can pay	
Program Date(s)		Amount you are applying for	
Program Location		Program fee	
CHILD #2			
Name		Date of Birth	
Program Name		Amount you can pay	
Program Date(s)		Amount you are applying for	
Program Location		Program fee	
Please explain any special circumstances you want to be considered with			
your application			
Dy signing holow Ly	orify that the information provided is true and	Laccurate and Luna	loratand and agree that I
By signing below, I verify that the information provided is true and accurate, and I understand and agree that I am responsible to pay the fees I am able to as listed above. (CAN PROBABLY ADD MORE HERE)			
	,		,
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Parent/Guardian Sigr		Date	
	OFFICE USE ONL	.Y	
(INSERT MANAGER):	Approval: Disapproval: Date: _		
Executive Director of Recreation Services: Approved: Disapproved: Date:			
Applicant notified by: Date:			