



HAPPY HEALTHY HEARTS SCHOLARSHIP

WHAT IS A HAPPY HEALTHY HEARTS SCHOLARSHIP?

Crook County Parks and Recreation Foundation financially assists individuals of all ages and families who are unable to afford to participate in Crook County recreation related programs. It is an application process that provides up to \$75 toward one program per individual per season. If qualified, a check will be sent to the recreational organization or school to be used at time of registration.

WHO QUALIFIES?

Any individual or family that is facing difficult financial circumstances which inhibits them from being able to participate in healthy Crook County recreation related programs. This includes but is not limited to low-income families, physically/developmentally challenged youth, at-risk youth and adults with limited resources. You must have the reference verification form completed to apply for this program.

WHO CAN BE CONSIDERED A REFERENCE?

- A reference can be a professional in social work or family services, a school administrator or counselor, a senior recreation administrator, law enforcement officer, registered physician or nurse, senior caregiver, or a priest/pastor.
- References other than those listed may be considered by CCPRF. The reference needs to complete the reference verification form and write an explanation of their position, relation to the family and the financial situation of the family.

TERMS AND CONDITIONS

- All ages are eligible to apply for financial assistance.
- Activity must be a Crook County recreation related program.
- Grants have a maximum of \$75 and will be applied to the payment of sport registration or activities fees. If the grant does not cover the full fee, the individual or parent/guardian is responsible for the remaining balance.
- One application per individual per season (Summer, Fall/Winter, Winter/Spring) may be submitted.
- As resources allow, grant funding is applied on a first come, first serve basis.
- Applications will be approved or denied within 5 business days.
- Each organization has their own set of policies and procedures for registration and for seeking additional financial assistance through that organization. Contact the organization/school for details.

HOW DOES IT WORK?

STEP ONE

- Fill out application found at <https://www.ccprd.org/happy-healthy-hearts> or pick one up at our office.

STEP TWO

- Have your professional reference complete the reference verification form at <https://www.ccprd.org/happy-healthy-hearts> or provide them a paper copy.

STEP THREE

- Turn in paper copies to CCPRD; 296 S. Main Street; Prineville or email them to info@ccprd.org Online forms are delivered directly to CCPRD.

STEP FOUR

- If application is approved, a check will be sent to the organization within five days of approval date. If funds are used for Crook County Parks and Recreation District programs the payment will be processed at the time of class registration.



HAPPY HEALTHY HEARTS SCHOLARSHIP APPLICATION

Participant Information:	
Name:	Age: Date of Birth:
Address:	City/State/Zip:
Email Address:	Home Phone:
Agree to receive texts? Yes <input type="checkbox"/> No <input type="checkbox"/>	Cell Phone:
Male <input type="checkbox"/> Female <input type="checkbox"/>	Work Phone:
Parent / Guardian Information (if participant is a minor):	
Name:	
Address:	
Email Address:	
City/State/Zip:	
Home Phone:	
Cell Phone:	
Work Phone:	
Organization Information:	
Organization Name:	
Name of activity:	
Address:	
Phone:	
Email Address:	
Cost of activity: \$	
Website:	
STATEMENT OF AGREEMENT	
I have read and understand the application information and agree that this applicant meets the requirements. I agree that the individual of this application has financial need and a grant from CCPRF is essential to the participation in the proposed recreation program. I agree to participate in a brief telephone follow-up if required.	
Signature:	Date:
For Office Use Only:	
	Approved: <input type="checkbox"/> Yes <input type="checkbox"/> No
Approved By:	Approval Date:
Approved Funding Amount:	Received Grant Before: <input type="checkbox"/> Yes <input type="checkbox"/> No

Privacy Notice: CCPRF respects your privacy. We never sell, trade or loan your information to any other organization. Information provided in this application is for the purpose of administration. This information will only be disclosed to CCPRF personnel and other organizations that may need to be contacted to process the application. Statistics are reported at the local, state and national level. Individuals are never personally identified.



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REFERENCE VERIFICATION FORM

The reference is an individual that verifies that without the financial assistance of Crook County Parks & Recreation Foundation, the applicant would not be able to participate in the recreation program. The reference acts as an objective third party who is familiar with the family or individual and is in a professional/reputable position to assess the social and economic barriers facing the family or individual.

- A reference can be a professional in social work or family services, a school administrator or counselor, a senior recreation administrator, law enforcement officer, registered physician or nurse, or a priest / pastor.
- References, other than those listed, may be considered.
- References cannot be family members.
- **The reference must write an explanation below stating their relationship to the applicant and the financial need of the applicant.**

Applicant Information (person reference is being made for):	
Name:	
Address:	City/State/Zip:
Email:	Phone Number:
Reference Information:	
Name:	
Address:	City/State/Zip:
Email:	Phone Number:
Relationship to applicant:	
Why does this individual need financial assistance?	
STATEMENT OF AGREEMENT	
I have read and understand the application information and agree that this applicant meets the requirements. I believe the family/guardian or individual of this application has financial need and a grant from CCPRF is essential to the participation in the proposed recreation program. I agree to participate in a brief telephone follow-up if required.	
Signature of Reference:	Date:

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