

# SPRINGFIELD COLLEGE



## CONNECTICUT RECREATION AND PARK ASSOCIATION, INC. (CRPA) GRANT APPLICATION

### STUDENT INFORMATION (to be completed by the CRPA-member student):

Name \_\_\_\_\_ Date of Application \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_

Do you have a Springfield College student ID #?    Yes    No    If yes: Your student ID # \_\_\_\_\_

Undergraduate Student    Graduate Student

Have you begun your program yet?    Yes    No    If yes, please note that your grant award will be prorated based upon the term you entered.

If no, to which term are you applying?    Fall    Spring    Summer    Year \_\_\_\_\_

Location:    Boston    Springfield (Main Campus)    Online

*Please note: This grant is for all bachelor, master, and doctoral degree programs at the main campus or online.*

By signing below, I agree to allow Springfield College to release my enrollment status to CRPA for the sole purpose of administering this benefit. This agreement remains in effect annually unless revoked by notifying the financial aid office.

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_

### CRPA INFORMATION (to be completed by the human resources director or the CEO/executive director):

Human Resources Director or CEO/Executive Director's Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_

Is the applicant a current regular member of CRPA?    Yes    No

Human Resources Director or CEO/Executive Director's Signature \_\_\_\_\_ Date \_\_\_\_\_

### Please return completed application to:

Springfield College Office of Financial Aid

263 Alden Street, Springfield, MA 01109

Phone: (413) 748-3108

Email: [financialaid@springfield.edu](mailto:financialaid@springfield.edu)

[springfield.edu/crpa](http://springfield.edu/crpa)