



Leisure Careers Foundation Professional Training & Certification Reimbursement Information

The Leisure Careers Foundation (LCF), affiliated with the Georgia Recreation and Park Association (GRPA), Inc. offers a scholarship program to assist professionals in the advancement of their professional development through professional certifications and professional training opportunities. The intent of the LCF Board of Governors is to supplement the cost of professional development for professional members who would otherwise be unable to attend.

All applicants must:

- Be a member in good standing
- Submit the application a minimum of 30 days prior to the training/course
- Receive approval prior to test and/or course start
- Once approved, complete training/certification in one calendar year
- Submit test results or course completion no later than 60 days from completion to be reimbursed

Professional Certification Reimbursement

- Certification registration fee of up to \$260.00 per certification
- Does not cover renewals
- Will reimburse for multiple certifications

Professional Training Reimbursement

- Reimbursement maximum of \$200 per training event*
 - *GRPA Annual Conference will be reimbursed at the published conference registration rate
- Members are only eligible for one scholarship per year

Please submit the application via email to: Shelley McDaniel – sparham@madisonco.us



Leisure Careers Foundation
Professional Training & Certification Reimbursement Application

Name: _____

Agency: _____

Job Title: _____

Email Address: _____

Phone: _____ - _____ - _____

Member of GRPA: [☐] Yes or [☐] No Number of Years of Membership: _____

Please select one: [☐] Professional Certification or [☐] Professional Training

Professional Certification: _____

Professional Training: _____

Requested Fee Amount: _____

Date of course or training: _____

I, the undersigned, understand if awarded, I have one calendar year for completion. Upon course completion or testing, I must submit results no later than 60 days after completion to be reimbursed. Failure to do so may result in the loss of the awarded scholarship funds.

Applicant Name: _____

Applicant Signature: _____

Date: _____

I agree to fully support the applicant to attend the course or training and will allow them to attend if selected.

Agency Director Signature: _____

Date: _____