



79 Maple Street | Summit, NJ 07901 | 908.273.4242 | (fax) 908.273.6812 | TheConnectionOnline.org

GUIDELINES FOR FINANCIAL ASSISTANCE

Please read BEFORE completing Scholarship Application

- Application must be completed in full with ALL questions answered. Incomplete applications will **NOT** be considered.
- Applications should be submitted at least one- two weeks prior to start of term/registration date.
- Written income verification **must** be included with application. First preference for financial assistance will be given to applications including a household 1040 tax form. Second preference will be given to applications including current pay stubs for **all** employed adults in household. Applications without written income verification will **NOT** be considered.
- Preference will be given to first-time applicants.
- **Youth /Adult Classes** – recipients with completed applications will be notified one week after registration date. Once notified, recipient must pay membership dues and partial fee in full **before** being added to class roster.
- **Total Facility (TF)**- recipients must pay membership dues and partial TF fee **before** being issued a Total Facility card.
- **After School, Preschool and Summer Camps**- Applications **must also include**: Completed Intake Form, Monthly Budget form and signed Flex Funds Authorization form. Incomplete applications will **NOT** be considered.

FINANCIAL ASSISTANCE CHECKLIST

___ Scholarship Application (completed in full)

___ Income Verification

For Camps and Child Care

___ Intake Form

___ Monthly Budget

___ Flex Fund Authorization Form (signed)

___ Connection Camp/Childcare registration forms

Date Accepted by Front Desk: _____



Scholarship Application

Application WILL NOT be accepted without written income verification.
1040 tax form will be given first preference and current pay stub second preference.

All questions MUST be completed in full.

The information on this application will be kept confidential.

Date: _____

APPLICANT INFORMATION:

Name of applicant: _____ Date of Birth: _____

Address: _____

Phone: _____ Male Female

E-mail address: _____

Emergency contact: _____ Phone #: _____

LIST ALL MEMBERS IN HOUSEHOLD:

Name	Relationship (e.g. parent, child)	Age (if under 18)
1. _____		
2. _____		
3. _____		
4. _____		
5. _____		
6. _____		
7. _____		

***Number of adults employed: _____

HOUSEHOLD INCOME: **Please attach 1040 tax form and current pay stub for each adult.*

- Salaries, tips, wages (gross) \$ _____ per _____
- Child support/alimony \$ _____ per _____
- AFCD/Public Assistance \$ _____ per _____
- Pension/Social Security \$ _____ per _____

Have you ever received scholarship assistance at The Connection? _____

If yes, when? _____

List any extraordinary medical expenses or any other factors you consider relevant in requesting financial assistance:

Program/class desired: (Limit one aquatics and one non-aquatics class per term per person. Maximum 4 weeks of summer camp)

First choice: _____

Second choice: _____

***** If application is approved, Connection membership fees must be paid in full before your program/class registration is complete******

Name of referral source/agency: _____

Signature of applicant (parent/guardian if minor)

Date

For Connection Use Only:

Connection membership information:

New member: _____ Renewing member: _____

I reviewed this application in accordance with Connection Scholarship guidelines and I recommend approval in the amount of:

\$ _____ % _____ For: _____

Date: _____ *Program*

Participant owes \$ _____ for class/program fee,

Plus \$ _____ Membership fee

Total due: \$ _____

Received: _____
Date Initials

Visa Master Card Account # _____ Exp. date: _____

Cardholder name: _____

I do not recommend approval.

Please list any factors relevant to your decision which may not appear on this application.:

_____ Date

_____ Connection Staff