



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

## GUIDELINES FOR FINANCIAL ASSISTANCE FOR CLASSES AND TOTAL FACILITY

**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 (**please cross out Social Security numbers**) 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. If the only documentation available is a letter from employer, financial assistance **will be limited to 40%**. 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.
- **AfterSchool, PreSchool and Summer Camps: Separate packets available at the Front Desk.**

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### FINANCIAL ASSISTANCE CHECKLIST

\_\_\_ Scholarship Application (completed in full)

\_\_\_ Income Verification (please cross out/ cover up Social Security Numbers)

Date Accepted by Front Desk & Initials: \_\_\_\_\_



### Scholarship Application

Application **CAN 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/or current pay stub for each adult.*

\_\_\_\_\_ *I/we do not have tax documents from the previous year.*

**\* If you do not have tax documentation or pay stub, please include a letter from your employer verifying your employment and salary**

- 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? YES \_\_\_\_\_ NO \_\_\_\_\_

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)**

Program 1: (first choice) \_\_\_\_\_  
(second choice) \_\_\_\_\_

Program 2: (first choice) \_\_\_\_\_  
(second choice) \_\_\_\_\_

**\*If enrolling in ESL: I am a parent/grandparent/guardian of a current Summit Public School Student YES \_\_\_ NO \_\_\_**

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

Name of referral source/agency: \_\_\_\_\_

I am willing to submit a quote about or share my experience at The Connection to be used in print and on the web.  
*Please note—only first names will be used, and quotes can be anonymous if preferred.*

\_\_\_\_\_  
Signature of applicant (parent/guardian if minor)

\_\_\_\_\_  
Date

**For Connection Use Only:**

Connection membership information:

New member: \_\_\_\_\_ Renewing member: \_\_\_\_\_

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

\$ \_\_\_\_\_ % \_\_\_\_\_ For: \_\_\_\_\_

*Program*

Date: \_\_\_\_\_

Participant owes \$ \_\_\_\_\_ for class/program fee,

Plus \$ \_\_\_\_\_ Membership fee

Total due: \$ \_\_\_\_\_

Received: \_\_\_\_\_  
Date Initials

Paid by: check \_\_\_\_\_ cash \_\_\_\_\_ Date: \_\_\_\_\_

Visa  Master Card Account # \_\_\_\_\_ Exp. date: \_\_\_\_\_

Cardholder name: \_\_\_\_\_

We cannot approve this application at this time

Notes relevant to decision: \_\_\_\_\_

\_\_\_\_\_  
Date