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. If the only documentation available is a letter from employer, financial assistance **will be limited to 40%.** Applications without written income verification can **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 can **NOT** be considered.

_____

FINANCIAL ASSISTANCE CHECKLIST **– Connection Staff to complete**

___ 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 & Initials:_____

12/5/2017

Scholarship Application

Application <u>WILL NOT</u> be accepted without written income verification.
1040 tax form will be given first preference and current pay stub second preference.
All questions <u>MUST</u> 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 <u>each adult</u>.*
        ___ I/we do not have tax documents from the previous year.
        <mark>* If you do not have tax documentation, please include a letter from your employer verifying your employment and salary</mark>

- 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)

Program 1: (first choice)_____

       (second choice)_____

Program 2: (first choice)_____

       (second choice)_____

*If enrolling in ESL, please note whether you are a parent/grandparent/guardian of a current Summit Public School Student

*** 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 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

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: _____

Program

Date: _____

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