



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

## GUIDELINES FOR FINANCIAL ASSISTANCE- CHILD CARE

**Please read BEFORE completing Scholarship Application**

- Application must be completed in full with ALL questions answered. Incomplete applications will **NOT** be considered.
- 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.
- Applications **must also include**: Completed Intake Form, Monthly Budget Form and signed Flex Funds Authorization Form and program registration form. Incomplete applications can **NOT** be considered.

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### FINANCIAL ASSISTANCE CHECKLIST –Afterschool Program and Connection Preschool– Connection Staff to complete – do not accept without ALL of the following:

- \_\_\_ Scholarship Application (completed in full)
- \_\_\_ Income Verification
- \_\_\_ Intake Form
- \_\_\_ Monthly Budget
- \_\_\_ Flex Fund Authorization Form (fill in highlighted areas only)
- \_\_\_ Connection Afterschool or Preschool registration forms

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:

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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: \_\_\_\_\_

Date: \_\_\_\_\_ *Program*

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

## Flex Funds Authorization Form - Other

Client Name: \_\_\_\_\_ Date: \_\_\_\_\_

**Permanent Address:** \_\_\_\_\_  
Street City State

Name of Agency Intake Staff: Jayne Graepel

Please provide a brief description of the circumstances that caused the client to seek emergency aid.  
Working parent in need of affordable child care. Subsidy will cover 4 months of after school care which family would otherwise be unable to afford.

Total Amount of Bill: \_\_\_\_\_ Amount of Assistance Requested: \_\_\_\_\_  
(\$500.00 Max. unless approved by UWGUC)

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Agency Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please have clients provide the following **REQUIRED** documentation:

<input type="checkbox"/>	U.S. Government-Issued Photo Identification	<input type="checkbox"/>	Completed Budget Worksheet
<input type="checkbox"/>	Social Security Cards (for all members of household)	<input type="checkbox"/>	Proof of <b><u>all</u></b> income sources (apart from food stamps)
<input type="checkbox"/>	Birth Certificates (for all household members under 18 years)	<input type="checkbox"/>	Demonstrated need

IN THE EVENT THAT ONE OF THE REQUIRED DOCUMENTS LISTED ABOVE IS NOT PRESENT, PLEASE HAVE CLIENTS PROVIDE **TWO OR MORE** OF THE FOLLOWING:

For Proof of Identity		For Demonstrated Need	
<input type="checkbox"/>	School or Employment ID	<input type="checkbox"/>	Invoice for approved service category
<input type="checkbox"/>	Change of Address Proof from MVC	<input type="checkbox"/>	Itemized and dated receipts from approved vendor
<input type="checkbox"/>	Foreign Passport or ID, Alien Registration card, Visa	<input type="checkbox"/>	Other, as approved by UWGUC
For Proof of Address		For Proof of Income	
<input type="checkbox"/>	Utility bill with Client's name	<input type="checkbox"/>	Notarized affidavit claiming, "no income" or "Loss of income"
<input type="checkbox"/>	Current Lease, with client's name clearly listed	<input type="checkbox"/>	Letter from Employer (on company letterhead or notarized by NJ state licensed Notary Public)

<b>Client (or Caregiver, if under 18)</b> By signing, you acknowledge that: a.) Funds are one-time only; b.) approval is not guaranteed in any way; c.) by signing, he/she agrees to ongoing case management; d.) funds can only be used for the service requested	<b>UWGUC Community Impact Department</b> (By initialing, I approve this request) _____	Request Approved: <input type="checkbox"/>
		Request Denied: <input type="checkbox"/>

## Flex Funds Monthly Budget Worksheet

Client Name: \_\_\_\_\_

Number of Children: \_\_\_\_\_

Basic Monthly Bills	
Rent/Mortgage	\$
Electricity/Gas/Heat	\$
Phone	\$
Water/Sewer/Garbage	\$
Cable/Internet	\$
Groceries	\$
Healthcare/Insurance	\$
Childcare	\$
Car Payment	\$
Car Maintenance/Gas	\$
Car Insurance	\$
<b>TOTAL BASIC BILLS</b>	\$

  

Other Monthly Bills	
Credit Card(s)	
Loans (student, bank)	
Doctor/Hospital	
Other	
<b>TOTAL OTHER BILLS</b>	

Current Monthly Income	
Net Wages	\$
Unemployment	\$
Workers' Compensation	\$
Disability (SSD)	\$
Social Security (SSI)	\$
TANF - Welfare	\$
Child Support	\$
Alimony	\$
Food Stamps	\$
General Assistance	\$
Other	\$
<b>TOTAL NET INCOME</b>	\$

Monthly Bills & Income Analysis	
<b>TOTAL NET INCOME</b>	\$
Total Basic	\$
Total Other	\$
<b>TOTAL BILLS</b>	\$

60% Median Income (Low-Mod)	<input type="checkbox"/>
50% Median Income (Low)	<input type="checkbox"/>
30% Median Income (Very low)	<input type="checkbox"/>

<b>TOTAL Monthly Balance</b> (Net income) – (total bills)	\$
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BY SIGNING BELOW, I VERIFY THAT ALL INFORMATION IS CORRECT AND CURRENT. I ALSO UNDERSTAND THAT ANY FALSE INFORMATION WILL BE CAUSE FOR AUTOMATIC DISQUALIFICATION FOR FUNDS, IN PERPITUITY.

CLIENT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

I CERTIFY THAT I HAVE REVIEWED THIS BUDGET AND COLLECTED PROOF OF ALL INCOME SOURCES. THE INFORMATION ABOVE IS CORRECT TO THE BEST OF MY KNOWLEDGE.

AGENCY REP. SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_