



79 Maple Street | Summit, NJ 07901 | theconnectiononline.org | 908.273.4242

## GUIDELINES FOR FINANCIAL ASSISTANCE SUMMER CAMPS 2025

**Please read BEFORE completing Scholarship Application**

- Application must be completed in full with ALL questions answered. Incomplete applications will NOT be considered.
- NEW THIS YEAR: Camp scholarship review is now open and you may apply for up to 6 weeks of full day camp (with extended care, if needed) per child. **If submitted before December 31, you will be made aware of your award prior to registration day and have the opportunity to register your child(ren) online, Tuesday, January 7 at 9:30am.** Program Membership must be paid in full prior to registration day. The scholarship will be automatically applied upon registration.

We encourage you to utilize this option as some camps fill quickly the morning of registration. If you are unable or choose not to register your child(ren) online, our staff will be happy to help assist you when they are able.

- 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 will NOT be considered. **Please cover all Social Security numbers.**
- Preference will be given to first-time applicants.
- Applications must include income verification, and if staff will be assisting in registration, all camp forms. If choosing the online registration option, these forms will be available for you to fill out the morning of registration
- Please return your completed application to the front desk or email it to scholarship@theconnectiononline.org.

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### FINANCIAL ASSISTANCE CHECKLIST: SUMMER CAMP

Connection Staff to complete – do not accept without ALL of the following:

- \_\_\_\_ 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)	Date of Birth
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 \_\_\_\_\_

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

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**Program/class desired: (Limit of one class per term, per person. Subject to availability.)**

NAME:	CLASS OR PROGRAM:	DAY(S) AVAILABLE:	TIME PREFERRED:

**\*\*\* 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: \_\_\_\_\_

We cannot approve this application at this time

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

\_\_\_\_\_  
Date