



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

GUIDELINES FOR FINANCIAL ASSISTANCE

SUMMER CAMPS 2024

Please read BEFORE completing Scholarship Application

- Application must be completed in full with ALL questions answered. Incomplete applications will **NOT** be considered.
- Completed applications will be accepted on a first-come, first-served basis. Scholarship assistance will generally be given for up to 4 weeks of camp, however more could be offered due to extenuating circumstances.
- 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 (18+) 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 also include a complete camp registration form. **Incomplete applications will NOT be considered.**
- Applicants will be notified of financial assistance decision via email by March 11, 2024
- Please return your completed application to the front desk or email it to scholarship@theconnectiononline.org.

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)
- ___ Connection Camp 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)	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:

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

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

***If enrolling in ESL:**

I am a parent/grandparent/guardian residing with 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: _____

We cannot approve this application at this time

Notes relevant to decision: _____

Date



The
Connection

SUMMER CAMP

Child's Name: _____

Available Weeks*: _____

*(Scholarships are awarded for up to 6 weeks of camp. Please note preferred weeks.)

Camp Dates	AM Camp (9am-1pm)	PM Camp (1-4:30pm)	AM Extended Day (7:30-9am)	PM Extended Day (4:30-6pm)
Week 1 (June 24-28)				
Week 2 (July 1-3)				
Week 3 (July 8-12)				
Week 4 (July 15-19)				
Week 5 (July 22-26)				
Week 6 (July 29-Aug. 2)				
Week 7 (Aug. 5-9)				
Week 8 (Aug. 12-16)				
Week 9 (Aug. 19-23)				



SCAN for full Camp offerings.



THE CONNECTION FOR WOMEN AND FAMILIES WAIVER OF LIABILITY

Acknowledgement of Risk: I hereby acknowledge and agree that participation in The Connection's facility, programs and services comes with inherent risks. I have full knowledge and understanding of the inherent risks associated with my participation at The Connection, including but in no way limited to: (1) slips, trips, and falls, (2) aquatic injuries, (3) athletic injuries, and (4) illness, including exposure to and infection from viruses or bacteria. I further acknowledge that the preceding list is not inclusive of all possible risks associated with Connection participation and that said list in no way limits the operation of this Agreement. In consideration for being permitted to utilize the services and programs of The Connection, I and/or my child(ren) will comply with all Connection policies and rules and accept they may be altered by The Connection at any time.

Coronavirus/COVID-19 Warning and Disclaimer: Although no longer a pandemic, COVID-19 remains very contagious and we cannot guarantee you or your child(ren) will not be exposed, contract, or spread COVID-19 because the possibility of the presence of the disease cannot be eliminated. Therefore, if you choose to attend The Connection's facility and on or off-site services and programs, you could increase your and your child(ren)'s risk of contracting or spreading COVID-19. By signing this agreement, you acknowledge the contagious nature of COVID-19 and voluntarily accept the risk that you and/or your child(ren) may be exposed to or infected by COVID-19 when utilizing The Connection's facility and/or on or off-site services and programs and that such exposure or infection may result in personal illness, injury, permanent disability, or death. You also acknowledge the risk of becoming exposed to, or infected by, COVID-19 while at The Connection or an off-site program may result from the actions, omissions, or negligence of you and others, including, but not limited to, The Connection employees, volunteers and program participants and their families.

WAIVER OF LAWSUIT/LIABILITY: I agree to release and on behalf of myself, my heirs, representatives, executors, administrators, and assigns, HEREBY DO RELEASE The Connection, its officers, trustees, employees, volunteers, agents, representatives and insurers (Releasees) from any causes of action, claims, or demands of any nature whatsoever including, but in no way limited to, claims of negligence, active or passive, which I, my heirs, representatives, executors, administrators and assigns may have, now or in the future, against The Connection on account of personal injury, property damage, death or accident of any kind, arising out of or in any way related to the use of The Connection's facilities/equipment or participation in The Connection's programs and services on or off-site whether that participation is supervised or unsupervised, however the injury or damage occurs, including, but not limited to the negligence of Releasees.

I have carefully read, fully understand, and agree to all the terms of this Assumption of Risk, Release and Waiver of Liability.

All adult members or parent/guardians of youth members of The Connection must sign the agreement to participate in any Connection program.

Adult Member(s)/Participant(s) Name(s)

Child Member(s)/Participant(s) Name(s)

Signature

Date