



79 Maple St. | Summit, NJ 07901 | theconnectiononline.org | 908-273-4242

**GUIDELINES FOR FINANCIAL ASSISTANCE  
ENRICHMENT 2025-2026 ACADEMIC YEAR  
(Preschool, Before School, and After School)**

**Please read BEFORE completing Scholarship Application**

- Application must be completed in full with ALL questions answered and must include all completed forms listed below. 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 (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 can **NOT** be considered.
- Preference will be given to first-time applicants.
- Please return your completed application to the front desk or email it to scholarship@theconnectiononline.org.

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**FINANCIAL ASSISTANCE CHECKLIST:**

**CONNECTION PRESCHOOL, BEFORE SCHOOL PROGRAM, AND AFTER SCHOOL PROGRAM**

**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) DESIRED:	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