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.

. **Group A documentation** (Form 1040 and W-2s and pay stubs) is given first consideration. **Group B documentation** (letter from employer and residence verification) is given secondary consideration. Preference will be given to first-time applicants. Applications submitted without written income verification will not be considered.

. Award decisions consider household income, household size, and current program capacity. Assistance amounts vary and are determined based on available funding.

. Scholarship applicants must submit a new application for every session and any new program. Financial assistance is evaluated on a term-by-term basis and does not automatically carry over to future sessions. Applicants are responsible for promptly reporting any changes to income or household circumstances. Financial documentation is required once per year; however, the Scholarship Department reserves the right to request additional income verification as needed.

. Applications should be submitted **prior to registration day**. Applicants will be notified of decisions via email. Once an award is determined, you may register through The Connection's membership portal, and the scholarship will be automatically applied to your account. **New members:** Please call (908) 273-4242 to set up your account.

. **Program availability:** Classes and programs are filled on a first-come, first-served basis. Spots cannot be held while an application is under review.

. Awards are not applied retroactively to prior terms or previously paid fees.

. Once notified, Program Membership fees or Total Facility join fees **must be paid in full before participating.**

. Providing incomplete, inaccurate, or misleading information may result in denial or disqualification of assistance.

Please return your completed application to the front desk or email it to scholarship@theconnectionnj.org.

FINANCIAL ASSISTANCE CHECKLIST

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

___ Scholarship Application (completed in full)

___ All documents from Group A or Group B

Date Accepted by Front Desk & Initials:_____

FINANCIAL ASSISTANCE DOCUMENTATION CHECKLIST

To support your application, please provide **ALL** required documentation from either **Group A OR Group B.**

Provide ALL of the documents from Group A

GROUP A:

- ☐ Most recent income tax return (Form 1040 and W-2s)
- ☐ Last four paycheck stubs or last four unemployment statements
- ☐ Completed application including the written statement explaining which programs and/or dependents you are requesting assistance for, along with any relevant information regarding your circumstances.

If applicable:

- ☐ Free or reduced lunch award letter
- ☐ Child support documentation
- ☐ Social Security statement
- ☐ Documentation of state or federal assistance (child care, food, housing, etc.)

-OR- Provide ALL of the documents from Group B

GROUP B:

- ☐ Letter from current employer on company letterhead verifying wages, hours worked, and employer contact information
- ☐ Current lease agreement, property tax bill, or notarized letter from landlord verifying residence and rent amount
- ☐ Completed application including the written statement explaining which programs and/or dependents you are requesting assistance for, along with any relevant information regarding your circumstances. This statement should also explain if you are unable to provide any required documents.

If applicable:

- ☐ Free or reduced lunch award letter
- ☐ Child support documentation
- ☐ Social Security statement
- ☐ Documentation of state or federal assistance (child care, food, housing, etc.)

REQUIRED ONLY IF YOU ARE UNABLE TO PROVIDE PROOF OF INCOME OR ADDRESS

- ☐ A letter of recommendation from a local or state organization confirming participation in their services and support for your eligibility. This letter must be on official letterhead and include contact information.
- ☐ A written statement explaining your request and circumstances.

Please note: All required documents from either Group A or Group B must be submitted for your application to be reviewed. Incomplete applications will NOT be considered.

SCHOLARSHIP APPLICATION

Incomplete applications will **NOT** be considered.
The information on this application will be kept confidential.

APPLICANT INFORMATION:

Date:_____

Name of applicant:_____ Date of Birth:_____

Address: _____

Phone Number:_____ Gender:_____

Email Address: _____

Emergency Contact:_____ Phone Number:_____

HOUSEHOLD INFORMATION:

PLEASE LIST ALL MEMBERS IN HOUSEHOLD:

Name	Relationship (e.g. parent, child)	Date of Birth

Number of adults in the household 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_____

ADDITIONAL INFORMATION:

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 INFORMATION:

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

The Connection

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:_____
Program

Member Name:_____Term:_____

Date:_____

☐ We cannot approve this application at this time

Notes relevant to decision:_____

Date:_____