



STONINGTON
HUMAN SERVICES
PLAY • PROVIDE • PROSPER

Stonington Human Services is pleased to offer program scholarships to resident families who are in financial need. Please find the application attached. If you wish to apply for a scholarship, please complete the application in its entirety, and return it with the below required documents, for all members of your household:

- Proof of Income (4 weeks prior to application date):
 - Employment - Last (4) consecutive paystubs if paid weekly; last 2 if paid bi-weekly; last paystub if paid monthly. All pay stubs need to be consecutive from the weeks prior to application date.
 - State Aid – SNAP, TANF, etc.
 - Social Security - (SSD/SSI) copy of bank statement showing direct deposit, copy of social security check, or annual benefit statement, or call Social Security office to request a copy of your statement.
 - Interest/Dividends - From savings accounts, stocks, bonds, IRA's, CD's etc.
 - Unemployment - Please pull a copy of your statement from the Department of Labor website.
 - Self-Employment - *Please pick up the Self-Employment form and instructions at the front desk.*
 - Child Support - Court order for support, divorce decree stating child support arrangements, or a notarized statement from the person who is paying the child support stating amount and recurrence.
If support is not received, please pick up the Child Support form at the front desk.
 - Rental Income - Notarized affidavit or copies of lease(s)

- Assets
 - Most recent statements, in their entirety:
 - Checking/Savings account(s); CD; IRA; Stocks; Bonds; Mutual Funds; etc.
 - Last year's tax return (all pages)

Please note:

- Only complete applications submitted with all required documentation will be accepted for review.
- You will be notified within five (5) business days on the outcome of your application.
- Participants will not be added to program rosters until payment has been received or a payment arrangement has been made.

Please feel free to contact the Department with any questions at (860) 535-5015.

We look forward to your child's participation within our many youth programs and workshops!



FY2025-2026 Program Scholarship Application

IF YOUR HOUSEHOLD'S GROSS INCOME FALLS WITHIN THE INCOME LIMITS FROM THE CHART BELOW, YOU MAY BE ELIGIBLE FOR A FINANCIAL SCHOLARSHIP. ALL REQUIRED DOCS ON INSTRUCTION SHEET ARE NECESSARY FOR APPLICATION TO BE CONSIDERED COMPLETE.

ANNUAL INCOME	HOUSEHOLD SIZE	2	3	4	5	6	7	Per Participant
	125% FPG Up To	\$ 26,438.00	\$ 33,313.00	\$ 40,188.00	\$ 47,063.00	\$ 53,938.00	\$ 60,813.00	25% Fee*
	150% FPG Up To	\$ 31,725.00	\$ 39,975.00	\$ 48,225.00	\$ 56,475.00	\$ 64,725.00	\$ 72,975.00	50% Fee
	200% FPG Up To	\$ 42,300.00	\$ 53,300.00	\$ 64,300.00	\$ 75,300.00	\$ 86,300.00	\$ 97,300.00	85% Fee

**25% award does not apply to Preschool*

Name: _____ Home #: _____
 Address: _____ Cell #: _____
 E-mail: _____

Household Members:

First and Last Name	Relationship to applicant	DOB	Age	Ethnicity	Social Security #
	SELF				

What school does your child attend?

Child's Name	Grade*	School Attending*

*If summer, grade & school attending in the Fall

What type of income does your household have?

Name	Amount	Frequency	Income Type (Employment, Child Support, State Aid, etc.)

Please place a checkmark next to programs you'd like more information on:

- | | | |
|---|--|---|
| <input type="checkbox"/> Free Counseling | <input type="checkbox"/> Santa's Boot | <input type="checkbox"/> Preschool |
| <input type="checkbox"/> Energy Assistance | <input type="checkbox"/> Budget Counseling | <input type="checkbox"/> Afterschool Programs |
| <input type="checkbox"/> State Programs (Insurance, SNAP) | | |

Income information must be updated immediately upon a change in your household's situation. All information above is certified to be true and correct to the best of my knowledge.

Signature of Applicant

Date