



Connect Card Registration

The Connect Card is a program administered by the Edina Community Foundation that helps qualifying families easily access available scholarship funds from a variety of program with the city of Edina.

Qualification for the Connect Card is determined by the following guidelines:

Household Size/Maximum Income Level (per year)

1 person	\$22,459.00
2 people	\$30,451.00
3 people	\$38,443.00
4 people	\$46,435.00
5 people	\$54,427.00
6 people	\$62,419.00
7 people	\$67,950.50
8 people	\$78,403.00

For households with more than eight (8) people, add \$4,180 per person.
You will be asked to provide one or two of a variety of forms to prove eligibility
(form types are listed at the bottom of this form)

Why is this program being offered?

It is the belief of the Edina Challenge Team that all children should be encouraged to participate in recreational programs. We are committed to making the application to access scholarship funds as simple as possible.

Who's eligible?

To qualify, participants must be a resident of, or attend school in Edina.

How do I apply?

Fill out and submit this form. When your eligibility has been verified (usually within a week), you will receive a letter of notification and your Connect Card(s). Cards should be used at the time of registration for any participating programs.

How often must I apply?

Connect Card participants will be notified to renew membership(s) on behalf of their dependents every two years.

Privacy

Information gathered through the eligibility process will not be shared or disclosed. Participating organizations will determine your eligibility by a current Connect Card.

Examples of eligibility documents:

- * Free/Reduced school lunch program eligibility document
- * Social Security Income (SSI) or Social Security Disability Income (SSDI): benefit will be addressed to the parent, but child(ren)'s name(s) will be listed on the document
- * Government Assistance (MFIP) documentation listing household size (i.e., food stamps, grants, loans, cash allowances, rental assistance, childcare assistance)
- * MN Care or Medical Assistance (MA) documentation or letter stating who is eligible or insured with the same address listed as parent or guardians (must be a letter – copy of card will not be accepted)

- * Unemployment statement
- * Letter of financial status from an organization that has knowledge of the applicant's financial support status, household size, and situation. This must be on letterhead and cannot be a relative or friend
- * Child support income and alimony payments
- * Adopted or foster children documentation
- * Letter from a Guardian Ad Litem working with the family
- * Bank statements that show income source (minimum of 3 months)
- * Letter of termination from employer

Complete your family's contact information below

Main Household Contact Name:

First Name _____ Last Name _____

Address _____

Phone _____ Email _____

Total number in household _____

List individuals in household participating in the Connect Card program:

Dependent 1:	
First Name _____	Last Name _____
Date of Birth _____ Month/Day/Year	Male <input type="checkbox"/> Female <input type="checkbox"/>
Graduation Year 20__	School Name _____
Dependent 2:	
First Name _____	Last Name _____
Date of Birth _____ Month/Day/Year	Male <input type="checkbox"/> Female <input type="checkbox"/>
Graduation Year 20__	School Name _____
Dependent 3:	
First Name _____	Last Name _____
Date of Birth _____ Month/Day/Year	Male <input type="checkbox"/> Female <input type="checkbox"/>
Graduation Year 20__	School Name _____
Dependent 4:	
First Name _____	Last Name _____
Date of Birth _____ Month/Day/Year	Male <input type="checkbox"/> Female <input type="checkbox"/>
Graduation Year 20__	School Name _____

Please email me when new scholarships become available or with news about current sign up opportunities

Yes No

I verify that the information above is true and that the dependents listed are part of my household. I authorized the Edina Community Foundation to verify my child(ren)'s eligibility in the Connect Card Program

Printed Name _____

Date _____

Signature _____

Please include verification documents as outlined above.

Send this information to: Edina Community Foundation
Attn: Connect Card Application
5280 Grandview Square
Edina, MN 55436

For questions or concerns: Patty Dronen, Connecting With Kids Director
pdronen@edinacommunityfoundation.org
612-229-9506

