

2025 Financial Aid Request Form
Summit Department of Community Program
summitcommunityprograms.com
908-277-2932



No child should be turned away from great recreational programming or facilities due to financial difficulty. Financial assistance for DCP programs and facilities may be available based on information from the Federal Free and Reduced Lunch Program.

_____ 1. Do you receive free and reduced lunch through the Board of Education?

If yes, follow the below steps:

- ☐ Obtain proper documentation from Board of Education Offices, 14 Beekman Terrace indicating your child is enrolled in the Federal Free and Reduced Lunch Program.
- ☐ Submit paperwork to the DCP in-person, by mail, or email.
- ☐ Once reviewed and accepted, the DCP will contact you to assist with your registration at the reduced rate.

Generally, for programs, the free and reduced lunch form offers an automatic 20% discount.

An individual pool membership is \$130 and a family is \$320.

_____ 2. Are you looking to receive free and reduced lunch pricing, but do not have paperwork with the Board of Education?

_____ 3. Are you looking to receive additional aide in addition to the free and reduced lunch rate?

If you have answered Yes to either questions 2 or 3 above you must complete the second page of this document and provide necessary documentation listed below:

In addition to completing the second page of this document, you must provide your most recent W2. If you do not have a current W2 from last year, you must provide three months of pay stubs for all household adults.

In the case of unemployment or acute medical or financial needs, please explain on the next page and provide any relevant back up.

We are required to retain back up documentation in the case of audit, making this additional back up documentation a requirement in the absence of the free and reduced lunch form from the BOE.

If yes to either of the above questions, please complete the below:

First Name	Last Name	Date of Birth	Relation

Is there a current reason (unemployment, family illness, financial burden) why are you acutely looking for additional assistance? Please explain below:

Memberships or programs for which you are seeking financial aid. Please list members of the family who will be using the listed membership or program. If it is a family membership, list "family":

- 1.
- 2.
- 3.
- 4.
- 5.

INTERNAL DCP DETERMINATION

Program	Awarded Rate	Due By Date	Payment Received