



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 programs with the City of Edina.

To qualify for a Connect Card you need the following:

1. Participants must be a resident of, and/or attend school in Edina
2. 1040 Income on Schedule C or quarterly income statement (income before deductions). If unable to provide 1040 income, please provide two of the following:
 - Free School lunch program eligibility document
 - Social Security Income (SSI) or Social Security Disability Income (SSDI). Must be addressed to parent but child(ren)'s name(s) will be listed on 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 insure with the same address listed as parent or guardians (must be a letter)
 - 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

Participation will be determined using the following financial guidelines:

2023-2024 School Year

Household Size*	Maximum Income Level (Per Year)
1	\$26,973.00
2	\$36,482.00
3	\$45,991.00
4	\$55,500.00
5	\$65,009.00
6	\$74,518.00
7	\$84,027.00
8	\$93,536.00

Add \$9,509 for each additional person beyond 8 household members

Your Family Information

Main Household Contact name:

First Name _____ Last Name _____

Phone _____ Email Address _____

Address:

Total number in household _____

List Individuals in household participating in the Connect Card program:

Dependent #1

First Name _____ Last Name _____

Date of Birth _____ Male _____ or Female _____

Graduation Year _____ School Name _____

Dependent #2

First Name _____ Last Name _____

Date of Birth _____ Male _____ or Female _____

Graduation Year _____ School Name _____

Dependent #3

First Name _____ Last Name _____

Date of Birth _____ Male _____ or Female _____

Graduation Year _____ School Name _____

Dependent #4

First Name _____ Last Name _____

Date of Birth _____ Male _____ or Female _____

Graduation Year _____ School Name _____

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

Printed Name _____ Date _____

Signature

Please include 1040 income on Schedule C or quarterly income statement, Income before deductions. If unavailable attach two verification documents as listed on page 1 of this document.

Send this information to:

Edina Community Foundation
Attn: Connect Card program
6750 France Avenue South #220
Edina, MN 55435

For questions or concerns:

Siena Shull
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952-300-2378