

STRENGTHENING  
COMMUNITY IS  
OUR CAUSE

Every day we work side-by-side with our neighbors to make sure that everyone, regardless of age, income or background, has the opportunity to learn, grow and thrive.

At the Community Campus, no child, family or adult is turned away. We recognize that for communities to succeed, everyone must be given the opportunity to be healthy, confident, connected and secure.

At the Community Campus we believe lasting personal and social change can only come about when we all work together to invest in our kids, our health and our neighbors.

Our financial assistance is made possible through generous donations from individuals and foundations opening up a world of programs and activities for you and your family including: membership, youth sports, teen programs, youth programs, parent/child programs, childcare, camps and more.



EDISON  
COMMUNITY CAMPUS

1775 OAK TREE RD.  
EDISON, NJ 08820  
732.494.3232

- Cardio & Strength Rooms
- Group Fitness Classes
- Youth Programming
- Youth & Adult Swim Lessons
- Open Swim
- Basketball, Badminton & Pickleball

AND MORE!



EVERYONE HAS THE  
RIGHT  
TO BE HEALTHY

MEMBERSHIP ASSISTANCE  
Edison Community Campus



FREQUENTLY ASKED QUESTIONS

- Q: What is Membership Assistance?**  
**A:** The Community Campus believes that everyone has the right to be healthy regardless of their ability to pay. The Membership Assistance Program provides support for a Community Campus membership. This includes the use of the cardio and strength rooms, group exercise classes, open swim time, open gym time and more. Additional programs may cost additional fees.
- Q: Who is eligible for Membership Assistance?**  
**A:** Anyone may apply for membership assistance! Financial assistance is based on family income, number of household members and personal circumstances. If you feel you may be eligible for assistance, please complete this application and return to the branch of your choice along with any supporting documents requested. You may also provide pertinent information which you feel will support your request for assistance.
- Q: How will the Membership Assistance amount be determined?**  
**A:** The Membership Assistance level is determined using an income-based sliding-fee scale; awards may be adjusted for extenuating circumstances.
- Q: How quickly can I expect to receive word on my application?**  
**A:** Determinations are made within three to four WEEKS under normal operating circumstances. Applicants are notified in writing by regular mail or email. Upon notification of an award, please visit the Community Campus Welcome Center to finalize your membership details.
- Q: How long will Membership Assistance continue?**  
**A:** Membership assistance is provided on an as-needed basis. The award letter will outline details of your scholarship.
- Q: If I receive Membership Assistance, what's expected of me?**  
**A:** Need for assistance is assessed at time of initial application. We will request that you provide updated information or documentation on an annual basis as detailed in your award letter.
- Q: Who will be reviewing my application?**  
**A:** Your application and supporting documents are treated as highly confidential. Only the Branch Director or his/her designee will review your application and any additional information you provide.
- Q: What do I do if I require assistance for other programs or child care, in addition to membership?**  
**A:** Please obtain a program or child care financial assistance application from the Community Campus Welcome Center.
- We do not refund any fees paid prior to a FA determination**

APPLICANT INFORMATION (PRIMARY)

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Alt Phone \_\_\_\_\_

Email \_\_\_\_\_

Preferred method of regular communication:  
☐ Email ☐ Phone ☐ Regular Mail

I AM APPLYING FOR

- ☐ NEW APPLICATION ☐ RENEWAL

This application is for a membership only. A separate financial assistance form is available for Programs and Child Care. Contact us for details!

LIST ALL ADDITIONAL PERSONS LIVING IN HOUSEHOLD (Check ☐ for each person applying for assistance)

	Last Name	First Name	DOB	Age	M/F
<input type="checkbox"/>	_____	_____	_____	_____	_____
<input type="checkbox"/>	_____	_____	_____	_____	_____
<input type="checkbox"/>	_____	_____	_____	_____	_____
<input type="checkbox"/>	_____	_____	_____	_____	_____
<input type="checkbox"/>	_____	_____	_____	_____	_____

Attach additional sheets if necessary.

DOCUMENTATION REQUIRED (Please supply one of the following)

Please check box ☐ for type of documentation supplied. Application cannot be processed without documentation.

- ☐ Most recent paystub ☐ Documentation of public assistance or unemployment  
☐ Most recent tax return

Annual Household Income: \_\_\_\_\_

**TELL US MORE!** Please feel free to share additional information or extenuating circumstances to support your request for assistance. Separate statement attached. Check ☐ if separate statement attached.

☐ I attest that the information I have provided and the documentation attached is an accurate reflection of my current financial income. I understand that any support received through this application will apply to ECC membership fees only at the branch designated by me in this application.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

FOR STAFF USE ONLY:

Branch: \_\_\_\_\_ Membership ID#: \_\_\_\_\_

Terms Approved: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

PLEASE RETURN THIS APPLICATION TO THE COMMUNITY CAMPUS.