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* Past President

Dear Friend of Sid Jacobson Jewish Community Center,

Thank you for your interest in Sid Jacobson JCC and all it has to offer. We are pleased to be able to offer a limited number of financial assistance grants that are given for programs and membership.

The policy of Sid Jacobson Jewish Community Center is that no one be denied membership or access to programs because of inability to pay the fee or take advantage of the payment plan option. A Financial Aid Committee reviews all applications, considering income, dependents, extenuating circumstances, etc. All information is held in the strictest confidence.

In order to evaluate financial need on an equitable basis, please be prepared to submit a copy of the following:

- Required tax forms
- Any additional required documentation
- Appropriate membership or program application
- Program deposit, if required

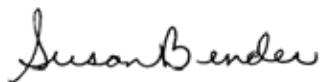
Please sign and date the Financial Aid Application. You may also include a brief letter of explanation. Remember to fully complete all pages of the application, and include all sources of income.

A complete Financial Aid Application must be submitted annually by anyone requesting financial assistance, even if you have received assistance in the past.

Please read the "Application Process" found on reverse side of this letter before completing the Application. Should you have any questions about financial aid, please contact Member Services at 516 484-1545.

We look forward to your participation in the Sid Jacobson JCC!

Sincerely,



Susan Bender
Executive Director

Julia and Izzy Waldbaum Family Social Services Wing

Bernice & Ira Waldbaum Family Children's Center

Debra & Jim Buslik/Tracy & David Levy Teen Services Center

Gershwind/Jacobson Health & Wellness Center • Jack Nadel Social Services Center

Weinberger Center for Jewish Life & Learning • Edward & Bernice Wenger Center for the Arts

APPLICATION PROCESS FOR FINANCIAL AID AT SID JACOBSON JEWISH COMMUNITY CENTER

- 1) In order for us to give timely consideration to your request, please provide all of the requested information and the completed application at the time of submission.
 - 2) Response time is approximately four weeks from the time the application is submitted. You will be notified by mail.
 - 3) To apply for Financial Aid, please provide copies of the following:
 - i) Complete tax returns including all schedules.
 - ii) W-2s and most recent pay stubs.
 - iii) If you are self-employed, complete business tax returns.
 - iv) If you do not file tax returns but receive Social Security, a copy of your 1099 form.
 - v) If you receive Social Services Support, a copy of your Social Security Benefit Statement.
 - vi) Additional documentation (where applicable) includes verification:
Unemployment; Credit Card Statements; Separation/Divorce Agreement; Alimony or Child Support
 - vii) Application, completed in full. If a question does not apply, please explain or insert "n/a" (not applicable).
Incomplete applications are returned with an explanation and request for the missing information.
 - 4) Program Application/Registration Form (if applicable) should be submitted with Application for Financial Aid.
 - 5) When notification of the award is received, you need to accept or decline the financial aid award in writing. You have 30 days from date of award letter to sign and return the payment plan agreement.
 - 6) Renewing members are asked to submit their Membership Financial Aid Application two (2) months prior to Membership Renewal Date. Members with expired memberships are unable to utilize the Center's facilities and services as a member until their Financial Aid Application has been processed and their membership is renewed.
 - 7) Financial Aid awarded for a particular use may not be applied to another program or membership, or to a more expensive aspect of the same program.
 - 8) Financial Aid awarded may depend on space available.
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Please send completed application and all related material to:

Member Services
Sid Jacobson Jewish Community Center
300 Forest Drive
East Hills, NY 11548

If you require additional assistance, you may be interested in contacting the following Community Resources:

PICC (Partners in Community Care) helps our Jewish community cope with normal life cycle transitions, crisis and change – Call for information on support groups, workshops and referrals – 516 484-1545, ext. 196

The SOURCE (Special needs, Outreach, Understanding, Resource, Counseling and Education) Family Center is here to provide support, advocacy, and referrals for children, teens, adults, and families affected by disabilities. Call for more information on groups, counseling and referrals: 516-484-1545 ext.148.

Hebrew Free Loan Society offers interest-free loans for Jewish education – 212 687-0188

UJA Resource Line provides free, confidential social service referrals in these areas – housing, legal, immigrant, disabled, hospital/geriatric, family counseling and employment/vocational training – 516 677-0262

FINANCIAL AID APPLICATION

Please Print or Type

Please complete this application in full with required supporting documents attached. The information in the application will be held in strict confidence. Due to the personal nature of this matter, do not fax the application or supporting documents.

1. Are you currently a Sid Jacobson JCC member? Yes No Member/Non Member ID # _____ Renewal Date: _____
2. Have you received an adjusted fee in prior years? Yes No
 If yes, specify what program(s) and/or type of membership: _____
3. Are you or your children currently enrolled in classes or programs at the JCC? Yes No
 If yes, please specify: _____
4. Are you or your children currently enrolled in classes or programs at other agencies, schools or activity centers?
 Yes No If yes, please specify: _____

A) APPLYING FOR: Check off all appropriate boxes if applying either for membership, programs or both.

Name of Adult Person(s) applying for membership: _____

Membership New Class or Program Both
 Renewal

1. **Membership Type:** (if applicable) Family Single Parent Family Couple Individual
 College-Local College-Out of Town Teen Au Pair
 Senior Individual (65+) Senior Couple (one is 65+)
2. **Class or Program** (if applicable): Early Childhood After School Summer Camp
 Sports Aquatics Fitness Adult
 Theatre REACH Seniors Bereavement Groups
 Support Groups Special Services Camp Kehilla/Kayf Social Services

Class or Program (required). List every person for each class/program (please attach application or registration form for children's classes or programs)

B) HOUSEHOLD DATA (please print)

Marital Status: Married/Domestic Partner Divorced Widowed Separated Single
 Address _____ Home Phone _____
 City _____ State _____ Zip _____

Adults in household:

Adult #1 (last/first) _____
 Email (required): _____
 Date of Birth _____ Gender M F Cell Phone _____
 Employer _____ How long at job? _____
 Position _____ Employer Phone # _____

Adult #2 (last/first) _____
 Email (required): _____
 Date of Birth _____ Gender M F Cell Phone _____
 Employer _____ How long at job? _____
 Position _____ Employer Phone # _____

Children / Dependents living with you (please print):

Name (first/last)	Date of Birth (mm/dd/yy)	Gender	School (required)	Financial Aid Received (dollar amount)
_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F	_____	\$ _____
_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F	_____	\$ _____
_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F	_____	\$ _____
_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F	_____	\$ _____

Other Members of Household (please print):

Name (first/last)	Date of Birth (mm/dd/yy)	Gender	Relationship
_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F	_____
_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F	_____

Additional Information

Do you have a dependent or significant other with special needs? _____ (Please use last page to explain)

Are you a member of a congregation? _____ Which one? _____

C. ASSETS

Automobiles:

Vehicle 1 Own Lease Make _____ Model _____ Year _____ Monthly Pmt _____

Vehicle 2 Own Lease Make _____ Model _____ Year _____ Monthly Pmt _____

Vehicle 3 Own Lease Make _____ Model _____ Year _____ Monthly Pmt _____

If you do not own a car how will you get to the JCC? _____

Real Estate:

1. Home: Own Rent Years at this address _____

2. Other Real Estate and/or Rental Property (specify):

Other Assets (please print):

1. _____

2. _____

3. _____

4. _____

5. _____

D. INCOME SOURCE

ANNUAL/GROSS

- 1. Salary - Applicant \$ _____
 Salary - Spouse/Partner \$ _____
- 2. Non-Salary Business Income (including rental income)..... \$ _____
- 3. Child Support/Alimony \$ _____
- 4. Unearned Income (Interest, dividends, pensions)..... \$ _____
- 5. Social Security/SSI..... \$ _____
- 6. Disability, Worker’s Comp, Unemployment \$ _____
- 7. Life Insurance Proceeds \$ _____
- 8. Other, Please Specify (grandparents, relatives, tips, lottery, etc.) \$ _____

Total \$ _____

E. EXPENSES, MONTHLY

1. Rent/Mortgage _____ Real Estate Taxes _____ **Total \$ _____**

2. Extraordinary expenses, debts or extenuating circumstances. (If more space is needed, use last page or attach new age):

3. Credit Card Debt (please specify). If credit card debt exceeds 25% of Adjusted Gross Income, please submit most recent Credit Card statements.

F. PAYMENTS

1. What do you think you can afford to pay for membership and/or program(s)? (specify separate amounts for membership and each program):

2. Who is responsible for payment for membership and/or program(s), if other than applicant? (specify separate amounts for each program/membership)

G. COMMUNITY CENTER SERVICES

1. Membership - Why do you want to become a member; what services do you plan to use?

2. Class or Program - Why do you or your child want to participate in the class or program you are applying for?

3. What other services do you currently use at Sid Jacobson JCC?

4. In considering your application, is there anything else you feel is important or would like the JCC Committee to take into account?

H. I/we are applying for financial assistance for membership and/or the classes or programs requested on this form. Please consider my application based on this Financial Aid application form and attached documentation. My/our signature(s) certify that all of the information contained in this application is true to the best of my/our knowledge. No information requested has been withheld unless so stated.

Applicant 1 Name (please print) _____

Signature _____ Date _____

Applicant 2 Name (please print) _____

Signature _____ Date _____

REQUIRED ATTACHMENTS

The following documents must accompany the Financial Aid Application. Incomplete application packages may result in delay or denial of your application. Applicants will be advised by mail as to the assistance award.

- Two years 1040 tax returns with schedules for each applicant (if not filed, please explain)
- Most recent W-2s for each applicant
- Most recent pay stubs for each applicant
- Business tax return, if self employed
- Social Security 1099 form or SSI statement (if required)
- Verification of: Unemployment; Separation/Divorce Agreement; Alimony/Child support (if required)
- Credit Card statements (if required)
- Registration forms for JCC programs (if not previously submitted)
- Include a letter of explanation, if needed, for extenuating circumstances
- Signature(s) of applicants
- Return to application and materials to:

**Member Services
Sid Jacobson Jewish Community Center
300 Forest Drive
East Hills, NY 11548**