# Financial Aid Application

Today's Date:_____

**PLEASE PRINT CLEARLY OR TYPE.** This application must be completed fully on all sides and signed, with required supporting documents attached. A personal interview may be requested before consideration of your application. The information in the application will be held in strict confidence.

**FOR OFFICE USE ONLY:**

| | Fee | Fin. Aid | Amt. Due |
|---|---|---|---|
| Membership: | $_____ | $_____ | $_____ |
| Type:_____ | | | |
| Program(s): | | | |
| 1._____ | | | |
| 2._____ | | | |
| 3._____ | | | |

**FINANCIAL AID IS REQUESTED FOR, OR ON BEHALF OF:**

LAST NAME:_____ FIRST NAME:_____

Have you or anyone in your household previously applied for or received Financial Aid from Sid Jacobson JCC?

Prior Year(s): ☐ Yes ☐ No Current Year: ☐ Yes ☐ No

JCC Membership Status: ☐ Current Member ☐ Former Member ☐ Non-Member

## FAMILY INFORMATION:

APPLICANT #1 (or Legal Guardian):_____ BIRTHDATE: _____

ADDRESS:_____

CITY, STATE ZIP:_____

PHONE (h)_____ PHONE (c)_____

EMAIL:_____

STATUS: ☐ Single ☐ Married ☐ Separated ☐ Divorced ☐ Widowed ☐ Other:_____

OCCUPATION:_____

EMPLOYER*:_____

EMPLOYER ADDRESS:_____ PHONE:_____

* If self-employed list all names of companies under which you do business:_____

_____

APPLICANT #2 (or Legal Guardian):_____ BIRTHDATE: _____

ADDRESS:_____

CITY, STATE ZIP:_____

PHONE (h)_____ PHONE (c)_____

EMAIL:_____

STATUS: ☐ Single ☐ Married ☐ Separated ☐ Divorced ☐ Widowed ☐ Other:_____

OCCUPATION:_____

EMPLOYER*:_____

EMPLOYER ADDRESS:_____ PHONE:_____

* If self-employed list all names of companies under which you do business:_____

_____

## OTHERS IN HOUSEHOLD:

| Name | Gender | Birthdate | Relationship | School Attending | Seeking financial aid for this person? |
|---|---|---|---|---|---|
| | | | | | ☐ Yes ☐ No |
| | | | | | ☐ Yes ☐ No |
| | | | | | ☐ Yes ☐ No |
| | | | | | ☐ Yes ☐ No |

Do you own any of the following (check all that apply): ☐ Summer Home ☐ 2nd Home ☐ Time Share

Do you belong to (check all that apply): ☐ Swim Club ☐ Country Club ☐ Fitness Center/Gym

**OTHER FINANCIAL ASSISTANCE**: Please list other organizations, schools, camps, or JCC programs for which you have requested or received financial assistance or scholarships within the past year:

| Organization/School/Camp/Program | Amount Received | Beneficiary | Time Period Covered |
|---|---|---|---|
| | | | |
| | | | |
| | | | |

**SPECIAL CIRCUMSTANCES**: Please describe your family situation and any exceptional circumstances (financial and otherwise) that contribute to the need for financial assistance. Be explicit and use additional paper if needed.

Would you like an SJJCC social worker to call you to discuss some of the other ways SJJCC might be able to provide support?
☐ Yes ☐ No If Yes, provide contact and phone #:_____

**FINANCIAL ASSISTANCE INFORMATION**:

1) Are you a member of a synagogue? ☐ Yes ☐ No If "Yes", which:_____
2) Have you applied for financial aid from your synagogue? ☐ Yes ☐ No
3) Have you received financial aid from your synagogue? ☐ Yes ☐ No If "Yes", please indicate:
   a) Year financial aid was received: 20____ Received for: ☐ Membership ☐ Hebrew School ☐ Nursery
4) Do any of your children attend Private/Day School? ☐ Yes ☐ No ☐ N/A
   a) Have you applied for financial aid from your child's school? ☐ Yes ☐ No If "Yes", amount applied for $_____
   b) Have you received financial aid from your child's school? ☐ Yes ☐ No If "Yes", amount received $_____
5) Have you received financial aid from the JCC or Federation agencies? ☐ Yes ☐ No If "Yes", for what and when? _____

   Amount received $_____
6) Are you receiving disability or unemployment? ☐ Yes ☐ No If "Yes", amount $_____
7) Are you receiving assistance from any State or Federal program? ☐ Yes ☐ No If "Yes", amount $_____
8) If your child has special needs, have your applied to the OPWDD for assistance? ☐ Yes ☐ No

**ASSETS**:

AUTOMOBILES:
☐ Own ☐ Lease Year_____ Make_____ Model_____ Payment: $_____
☐ Own ☐ Lease Year_____ Make_____ Model_____ Payment: $_____
☐ Own ☐ Lease Year_____ Make_____ Model_____ Payment: $_____

BANK ACCOUNTS: List all bank/money market/CDs/Brokerage Accounts:

| Financial Institution | Type of Account | Account # |
|---|---|---|
| | | |
| | | |
| | | |
| | | |

**REAL ESTATE HOLDINGS**:
Primary Residence: Market Value: $_____ How many years_____
2nd Home: Market Value: $_____ How many years_____
Summer Home: Market Value: $_____ How many years_____

Other:_____

**RETIREMENT PLANS**:

Applicant/Legal Guardian #1: Current Year's Contributions: $_____ Total Value: $_____

Applicant/Legal Guardian #2: Current Year's Contributions: $_____ Total Value: $_____

**OTHER ASSETS**:

1. _____ Value: $_____
2. _____ Value: $_____
3. _____ Value: $_____

**SERVICES FOR WHICH YOU ARE REQUESTING FINANCIAL AID**:

This section must be filled out completely in order to process application. Please include registration form(s) for the appropriate programs with this application.

MEMBERSHIP: ☐ New ☐ Renewal Date of Renewal:_____ Amount you can pay: $_____

MEMBERSHIP TYPE: _____

PROGRAM(s):

_____ Amount you can pay: $_____

_____ Amount you can pay: $_____

_____ Amount you can pay: $_____

| **MONTHLY INCOME SOURCES** (gross amount): | APPLICANT #1 | APPLICANT #2 |
|---|---|---|
| Salary | $_____ | $_____ |
| Child Support | $_____ | $_____ |
| Alimony | $_____ | $_____ |
| Trust, Estates, Partnerships, S-Corp | $_____ | $_____ |
| Unearned Income (Interest, Dividends, Pensions) | $_____ | $_____ |
| Social Security | $_____ | $_____ |
| Government Subsidy | $_____ | $_____ |
| Disability, Workman's Comp., Insurance Claims | $_____ | $_____ |
| Gifts, Money or Property Inherited or Willed | $_____ | $_____ |
| Scholarship/Grant | $_____ | $_____ |
| Other (Grandparents, Relatives, Lotteries, etc.): Please specify: _____ | $_____ | $_____ |
| TOTAL MONTHLY INCOME: | $_____ | $_____ |

Are you currently involved in any litigations? ☐ Yes ☐ No If "Yes", explain:_____

_____

If you are self-employed, what family/household expenses are paid for by your business? _____

_____

**EXPENSES**:

Do you share household expenses with another adult? ☐ Yes ☐ No

Will you require a payment plan to meet your obligations? ☐ Yes ☐ No

| EXPENSES (cont.): | MONTHLY | ANNUAL |
|---|---|---|
| Rent: (is property owned by a family member? ☐ Y ☐ N) or Mortgage | $_____ | $_____ |
| Real Estate Taxes | $_____ | $_____ |
| Maintenance/Association Fees | $_____ | $_____ |
| Electric | $_____ | $_____ |
| Water | $_____ | $_____ |
| Garbage | $_____ | $_____ |
| Cable/Fios/Internet/Streaming | $_____ | $_____ |
| Telephone/Cellphone/Beeper | $_____ | $_____ |
| Other Utilities | $_____ | $_____ |
| Food | $_____ | $_____ |
| Clothing | $_____ | $_____ |
| Dry Cleaning/Laundry | $_____ | $_____ |
| Medical/Dental Insurance & Expenses | $_____ | $_____ |
| Recreation, Club & Entertainment | $_____ | $_____ |
| Insurance (combined life, auto, home and others) | $_____ | $_____ |
| Car Payments | $_____ | $_____ |
| Car Repairs | $_____ | $_____ |
| Credit Card Payments | $_____ | $_____ |
| Alimony or Child Support | $_____ | $_____ |
| Payment for other dependents living with you | $_____ | $_____ |
| Payment for pre- or after-school care | $_____ | $_____ |
| Additional child care expenses | $_____ | $_____ |
| Enrichment Classes | $_____ | $_____ |
| School Tuition | | $_____ |
| Day School/Private School | | $_____ |
| Hebrew School | | $_____ |
| Synagogue Members | | $_____ |
| College Tuition/Room/Board | | $_____ |
| Nursery School/Daycare | | $_____ |
| TOTAL ANNUAL SYNAGOGUE/SCHOOL EXPENSES | | $_____ |
| Charitable Contributions | $_____ | $_____ |
| Other (specify): _____ | $_____ | $_____ |
| TOTAL EXPENSES: | $_____ | $_____ |

Total Credit Card Debt: $_____ Explain if over $5,000: _____

_____

If applicant or spouse has a medical condition which prevents him/her from being employed, or if a dependent has a medical condition that impacts the family's financial situation, please describe the medical condition, and explain the impact on family's finances.

☐ Applicant #1 ☐ Applicant #2 ☐ Child/Dependent ☐ Other Medical condition (describe):_____

_____

Impact on Family's Finances:_____

_____

Please note: If you have filled out the section above you must furnish a letter from your doctor describing the medical condition.

DECLARATION: I declare that the information contained in this application is, to the best of my knowledge and belief, accurate and complete. Failure to answer all questions accurately may disqualify this application from consideration.

Signature Applicant #1:_____ Date:_____

Signature Applicant #2:_____ Date:_____