



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.

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

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

FAMILY INFORMATION:

APPLICANT #1 (or Legal Guardian): _____

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): _____

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? |
|-------|--------|-----------|--------------|------------------|--|
| _____ | _____ | _____ | _____ | _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| _____ | _____ | _____ | _____ | _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| _____ | _____ | _____ | _____ | _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| _____ | _____ | _____ | _____ | _____ | <input type="checkbox"/> Yes <input type="checkbox"/> 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 you 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: _____