

Dear Friend:

As a not-for-profit social service agency that serves the Jewish community and the community at large, the JCC is committed to helping people who need financial assistance. Scholarships are available for Membership, Preschool, Kindergarten, Kid Zone (after school program), and Camp Yachad. The JCC of Central NJ Scholarship Program is funded through the generosity of JCC member donations, the Jewish Federation of Central NJ, the United Way, and private foundations.

Please complete the following application in full and provide all the required attachments. Your completed application will be considered by a Scholarship Committee, with all personal identifying information removed to insure the confidentiality of your application.

Please note that a new application must be submitted for each membership year (September 1st-August 31st) with updated information for consideration.

The JCC's goal is to allocate limited scholarship funds to as many of those truly in need as possible. Therefore, should you receive financial assistance, and your financial situation improves during the year, please let us know so that another family can be helped. We hope that as a result of this process you will be able to take advantage of everything the JCC has to offer and make the JCC your home away from home.

If you have any questions about the application process, please don't hesitate to contact me at 908-889-8800 x202.

Sincerely,

Barak Hermann
Executive Director



of Central New Jersey
 Wilf Jewish Community Campus
 1391 Martine Avenue, Scotch Plains, NJ 07076
 (908) 889-8800
 FAX (908) 889-4070
 www.jccnj.org

Date: _____

FINANCIAL ASSISTANCE APPLICATION

Only one copy of this application, with attachments, is needed for all household members.

GENERAL INFORMATION

Adult name(s): _____

Address: _____

Phone: (home) _____

(work) _____

(cell) _____

REQUESTED SCHOLARSHIPS:
(please check all that apply)

- MEMBERSHIP
- CAMP YACHAD
- PRESCHOOL/KINDERGARTEN
- KID ZONE

Marital status: married divorced separated single

PROSPECTIVE SCHOLARSHIP RECIPIENTS

Name	Age <i>(if child)</i>	Relationship	Scholarship requested <i>(Membership, Camp Yachad, Preschool/Kndergarten, Kid Zone)</i>	\$ amount or % you feel you can pay for your fair share

Do you have other dependents? If yes, please describe here: _____



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Please explain why you need financial assistance, including extenuating circumstances that should be considered with your application (*continue on additional paper if necessary*):

Are you able to receive any financial assistance from relatives (e.g., grandparents, siblings) or other sources? yes no (*if yes, please describe*)

STATEMENT OF INCOME

	Annual \$
1. Gross annual salary (<i>total household</i>)	\$ _____
2. Worker's comp, unemployment, welfare, disability, Social Security, pension (<i>circle all applicable</i>)	\$ _____
3. Interest, dividends, rental, insurance, annuities, trust fund (<i>circle all applicable</i>)	\$ _____
4. Alimony and/or child support	\$ _____
5. Relatives	\$ _____
6. Other (<i>specify</i>) _____	\$ _____

TOTAL ANNUAL INCOME:	\$ _____
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STATEMENT OF EXPENSES

	Annual \$
1. Mortgage and/or rent payments	\$ _____
2. Home equity loan (<i>i.e.</i> , 2 nd mortgage payments)	\$ _____
3. Utilities (<i>e.g.</i> , phone, gas, electric, cable)	\$ _____
4. Personal loans payments <i>describe</i> _____	\$ _____
5. Alimony and/or child support	\$ _____
6. Credit card debt payments <i>describe</i> _____	\$ _____
7. Car loan lease or loan payments <i>make(s)/model(s)/year(s)</i> _____	\$ _____
8. Medical/life insurance	\$ _____
9. Food, clothing, nonreimbursed medical/prescriptions	\$ _____
10. Recreation, entertainment, housekeeper, child care, babysitting (<i>circle all applicable</i>)	\$ _____
11. Educational expenses <i>describe</i> _____	\$ _____
12. Memberships (<i>e.g.</i> , religious organizations, town pool) <i>describe</i> _____	\$ _____
13. Other (<i>specify</i>) _____	\$ _____

TOTAL ANNUAL EXPENSES:	\$ _____
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STATEMENT OF ASSETS & LIABILITIES

1. Please provide type of account; bank name and address; and balances of your financial accounts/holdings (*e.g.*, checking, savings, money market, stocks, CDs):

2. Please list any debt (*e.g.*, loans, credit cards, legal judgments) that you have in addition to what is reflected in the “Statement of Expenses” section above:



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CURRENT EMPLOYMENT

Please fill out for all adults in household:

Name: _____	Name: _____
Employer: _____	Employer: _____
Employer address: _____	Employer address: _____
Employer phone: _____	Employer phone: _____
Position: _____	Position: _____
# of years at employer: _____	# of years at employer: _____
Prior employer: _____ <i>(if current <3 yrs.)</i>	Prior employer: _____ <i>(if current <3 yrs.)</i>

If unemployed, please give reason for/length of unemployment:

STATEMENT OF CERTIFICATION AND AUTHORIZATION

I/we certify that the information provided is accurate and is a clear indication of my/our financial condition. I/we authorize the JCC of Central NJ the right to verify any of the information provided. I/we understand that appropriate discretion will be used and that any information obtained or provided will remain confidential.

Date: _____	Date: _____
Name: _____	Name: _____
Signature: _____	Signature: _____



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NECESSARY ATTACHMENTS

Please attach the following to complete the application:

- copy of most recent W-2 form(s)
- copy of most recent 1040 tax return
- copy of most recent paystub(s)

SUBMITTING YOUR APPLICATION

Thank you! Please return application with attachments to:

Executive Director
 JCC of Central NJ
 Wilf Jewish Community Campus
 1391 Martine Avenue
 Scotch Plains, NJ 07076
Confidential

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FOR OFFICE USE:

Date reviewed: _____

Scholarship type <i>(list group/class if applicable)</i>	Reference code for recipient	Regular fee	Adjusted fee	Scholarship amount	<i>Was scholarship accepted?</i>