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. Financial Assistance is generally available for Membership Dues, Camp, School and After School programs. JCC of Central NJ Financial Assistance is funded through the generosity of JCC member donations, the Jewish Federation of Greater MetroWest, and private foundations.

Please complete the following application in full and provide all the required attachments. Your completed application will be considered by the JCC Financial Assistance Committee, with all personal identifying information removed to insure the confidentiality of your application. The committee meets approximately every 2 months to review applications.

Please note that a new application must be submitted for each JCC fiscal year (July 1st - June 30th) with updated information for consideration.

The JCC’s goal is to allocate financial assistance 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 through 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 x218.

Sincerely,

Mike Goldstein
Executive Director
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) ________

(works) ______________________________________

(cell) ______________________________________

Marital status: □ married □ divorced □ separated □ single

REQUESTED ASSISTANCE:
(please check all that apply)

□ MEMBERSHIP

□ CAMP

□ SCHOOL

□ AFTER SCHOOL

□ OTHER (describe)

PROSPECTIVE SCHOLARSHIP RECIPIENTS

<table>
<thead>
<tr>
<th>Name</th>
<th>Age (if child)</th>
<th>Relationship</th>
<th>Assistance requested (Membership, Camp, School, After School)</th>
<th>$ amount or % you feel you can pay for your fair share</th>
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Do you have other dependents? If yes, please describe here: ____________________________

____________________________________

- 1 -
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**

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

*If you are receiving child support and/or alimony you must provide the following: court orders concerning child and/or spousal support, consent orders concerning child and/or spousal support, divorce decree, property/marital settlement agreement, and County probation ledger.*

**TOTAL ANNUAL INCOME:**  $__________
STATEMENT OF EXPENSES

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

TOTAL ANNUAL EXPENSES: $_________

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:

________________________________________________________________________
________________________________________________________________________
# CURRENT EMPLOYMENT

Please fill out for all adults in household:

<table>
<thead>
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<th>Name:</th>
<th>Name:</th>
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<tbody>
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<td>Employer:</td>
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<td>Employer address:</td>
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<td>Employer phone:</td>
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<td>Position:</td>
<td>Position:</td>
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<td># of years at employer:</td>
<td># of years at employer:</td>
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<tr>
<td>Prior employer: (if current &lt; 3 yrs.)</td>
<td>Prior employer: (if current &lt; 3 yrs.)</td>
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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: ______________________
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:

JCC of Central NJ
Attn: Executive Director
1391 Martine Avenue
Scotch Plains, NJ 07076
Confidential

FOR OFFICE USE:

Date reviewed: __________________

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