



1391 Martine Avenue, Scotch Plains, NJ 07076  
908-889-8800 www.jccnj.org

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 1<sup>st</sup>- June 30<sup>th</sup>) 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

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 ASSISTANCE:

*(please check all that apply)*

MEMBERSHIP

CAMP

SCHOOL

AFTER SCHOOL

OTHER (describe)

Marital status:     married     divorced     separated     single

### PROSPECTIVE SCHOLARSHIP RECIPIENTS

Name	Age <i>(if child)</i>	Relationship	Assistance requested <i>(Membership, Camp, School, After School)</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)*:

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

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**STATEMENT OF INCOME**

	<b>Annual \$</b>
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> _____	\$ _____

***\*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.***

<b>TOTAL ANNUAL INCOME:</b>	\$ _____
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### STATEMENT OF EXPENSES

	<b>Annual \$</b>
1. Mortgage and/or rent payments	\$ _____
2. Home equity loan (i.e., 2 <sup>nd</sup> 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) _____	\$ _____

<b>TOTAL ANNUAL EXPENSES:</b>	\$ _____
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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):

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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 &lt;3 yrs.)</i>	Prior employer: _____ <i>(if current &lt;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: _____

**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

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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>