

Applicant Name _____

January 2012

Dear Financial Aid Applicant:

Enclosed is the 2012 Financial Assistance Application packet for Membership (2012), Camp (2012), and Nursery/Day Care (2012-2013). Please fill out the Financial Assistance Application completely. The Financial Assistance Committee will not review incomplete applications. It is extremely important that you are thorough in answering all questions and in attaching the required forms as per the instructions on the Financial Assistance Cover Sheet.

Financial Assistance funds are limited and there are many requests for financial assistance. The Katz JCC does not award 100% assistance. Assistance is only awarded to members in good standing. Financial Assistance applicants who have past due or unpaid balances will not be considered "members in good standing" and will not be considered for any financial assistance awards. Your accounts must be brought up-to-date before any financial assistance application can be processed. If you have a payment plan from last year, you must be current with your payments.

Your application is handled in the strictest confidence. The Committee reviews each application individually, and makes an award decision based on each applicant's individual situation. At no time during this process does the Committee have access to your name or any other identifying information. **The deadline for returning the financial assistance application is March 15, 2012. Due to the large number of applications received and the limited funds available, it is imperative that we receive your completed application by March 15th. The financial assistance deadline will be strictly adhered to. The Committee will not review applications which arrive after March 15th. If we receive your completed application, with all required documentation, by March 1st, you will receive notification of the committee's decision by May 1st. If we receive your completed application, with all required documentation, by March 15th, you will receive notification of the Committee's decision by mail after May 15, 2012. Because of the confidential nature of our process we are unable to discuss awards over the telephone.**

You must pay your balance in full before beginning to use the service or opt for a payment plan (after adjustment). Families opting for a payment plan (extended monthly drafts) must provide credit card payments or electronic funds transfer (EFT). **Please note - you will be billed for the programs and membership in full until you return a signed copy of the Financial Assistance Acceptance Form. Adjustments will be made after we receive the signed copy of your Financial Assistance Acceptance Form. Camp must be paid in full by July 1, 2012 and Early Childhood must be paid in full by April 1, 2013. Infant/Toddler programs must be paid in full by June 1, 2013.**

If you have any questions about filling out your application, please feel free to call Lorraine Ayaz at (856) 424-4444, extension 1183 or layaz@jfedsnj.org.

PLEASE NOTE: THIS FINANCIAL ASSISTANCE APPLICATION IS NOT A CAMP, EARLY CHILDHOOD, OR MEMBERSHIP REGISTRATION FORM. IF YOU HAVE NOT ALREADY DONE SO, YOU WILL NEED TO COMPLETE THE APPROPRIATE PROGRAM OR MEMBERSHIP REGISTRATION FORMS.

Thank you for your cooperation.

Sincerely yours,

Financial Assistance Committee

Applicant Name _____

**FINANCIAL ASSISTANCE APPLICATION
BETTY AND MILTON KATZ JEWISH COMMUNITY CENTER**

FINANCIAL ASSISTANCE APPLICATIONS MUST BE SUBMITTED ANNUALLY FOR JCC MEMEBERSHIP, CAMP, AND EARLY CHILDHOOD PROGRAMS.

IT IS THE APPLICANT'S RESPONSIBILITY TO MAKE SURE THAT THE APPLICATION IS COMPLETE. THE APPLICATION MUST BE COMPLETE AND REQUIRED DOCUMENTATION ATTACHED FOR US TO PROCESS YOUR APPLICATION AND SUBMIT IT TO THE FINANCIAL ASSISTANCE COMMITTEE FOR REVIEW.

INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED.

RETURN THE FOLLOWING FORMS (IF APPLICABLE) WITH THIS APPLICATION

1. SIGNED AND FILED COPIES OF YOUR 2011 STATE & FEDERAL TAX RETURNS AND W-2 FORMS
2. IF YOU DID NOT APPLY FOR FINANCIAL ASSISTANCE LAST YEAR, WE MUST HAVE A COPY OF YOUR 2010 W-2 FORMS AND YOUR SIGNED AND FILED 2010 FEDERAL AND STATE TAX RETURNS.
3. IF A SUB-CHAPTER S CORPORATION IS LISTED AS YOUR BUSINESS, YOU MUST SUPPLY BUSINESS, STATE AND FEDERAL TAX RETURNS.
4. PROOF OF SOCIAL SECURITY INCOME
5. IF UNEMPLOYED, WE MUST HAVE PROOF OF UNEMPLOYMENT COMPENSATION.
6. LETTER FROM YOUR DOCTOR IF A MEDICAL CONDITION PREVENTS YOU FROM BEING EMPLOYED OR IMPACTS ON YOUR FAMILY'S FINANCIAL SITUATION.
7. COPY OF DIVORCE DECREE OR SEPARATION AGREEMENT IF APPLICABLE.
8. COPY OF SCHOOL TRANSCRIPT OR BILL FOR CURRENT SEMESTER IF YOU ARE A STUDENT.

PLEASE DO NOT SEND IN ORIGINAL COPIES OF DOCUMENTATION (TAX RETURNS, ETC.).

THE FINANCIAL ASSISTANCE APPLICATION MUST BE COMPLETED AND SIGNED.

IMPORTANT:

WE WILL NOT PROCESS YOUR APPLICATION WITHOUT THE ABOVE FORMS. NEW FORMS MUST BE SUBMITTED EACH YEAR THAT AN APPLICATION IS SUBMITTED. PLEASE FEEL FREE TO ATTACH A LETTER, OR ADDITIONAL SHEETS, IF THERE ARE EXTENUATING CIRCUMSTANCES THAT WE SHOULD BE AWARE OF...

I HEREBY STATE THAT THE INFORMATION SHOWN ON THIS FORM AND ALL SUPPORTING DOCUMENTATION IS ACCURATE.

APPLICANT'S SIGNATURE _____ DATE _____

Applicant Name _____

**BETTY AND MILTON KATZ
JEWISH COMMUNITY CENTER
FINANCIAL ASSISTANCE APPLICATION**

PLEASE PRINT OR TYPE. This application is to be completed fully on both 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.

Name _____
Last First

Have you or anyone in your family or household previously applied for or received financial aid from the JCC?
Prior Year(s): Yes ___ No ___ Current Year: Yes ___ No ___

Return completed Application Form to:
Lorraine Ayaz
1301 Springdale Road, Suite 100
Cherry Hill, NJ 08003

For Office Use Only:

Date Received: _____

___ Membership

Regular Fee \$ _____ Adjusted Fee \$ _____

___ Early Childhood Program

___ Infant/Toddler Program

Regular Fee \$ _____ Adjusted Fee \$ _____

___ JCC Camps at Medford

___ Kindercamp

Regular Fee \$ _____ Adjusted Fee \$ _____

Total Fees \$ _____

Date Evaluated _____

Family Information

Date: _____

Applicant:

Applicant's (adult's) Name _____

Address _____ City _____ Zip Code _____

Home Phone No. _____ Work Phone No. _____

Email Address _____

Status: Single Married Separated Divorced Widowed Other _____

Occupation _____

Employer _____ Years Employed There _____

Employer Address _____

Spouse/Partner:

Applicant's (adult's) Name _____

Address _____ City _____ Zip Code _____

Home Phone No. _____ Work Phone No. _____

Email Address _____

Status: Single Married Separated Divorced Widowed Other _____

Occupation _____

Employer _____ Years Employed There _____

Employer Address _____

Others In Household:

<u>Name</u>	<u>Gender</u>	<u>Birthdate</u>	<u>Relationship to Applicant</u>	<u>School Attending</u>	<u>Seeking Assistance for this Person? (Yes or No)</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Applicant Name _____

How did you hear about our Financial Assistance Program? _____

Other Financial Assistance:

Please list other organizations, schools, camps, or other programs for which you have requested or received financial assistance or scholarships within the past year.

<u>Organization/School/Camp/Program</u>	<u>Amount Received</u>	<u>Beneficiary</u>	<u>Time Period Covered</u>

Special Circumstances:

Please describe your family situation and any exceptional circumstances (financial and otherwise) that contribute to the need for scholarship support. Be explicit and use additional paper if needed.

Financial Information:

MONTHLY INCOME		MONTHLY EXPENSES	
Applicant's Gross Income	\$ _____	Rent or Mortgage (circle which one)	\$ _____
Spouse's/Partner's Gross Income	\$ _____	Real Estate Taxes	\$ _____
Other Household Income	\$ _____	Out-of-Pocket Medical Expenses and Premiums	\$ _____
Dividends and Interest	\$ _____	Loan Payments	\$ _____
Alimony and Child Support	\$ _____	Child/Adult Care	\$ _____
Real Estate Income	\$ _____	Private School/College Tuition (list schools)	\$ _____
Social Security, SSI, DDD or any other State or Federal Programs	\$ _____	Hebrew School/Congregational Dues Congregation: _____	\$ _____
Other Monthly Income (i.e., bonus, rental income)	\$ _____	Other Monthly Expenses (explain)	\$ _____
TOTAL MONTHLY INCOME	\$ _____	TOTAL MONTHLY EXPENSES	\$ _____
ASSETS			
Bank account balances (includes checking, savings, money market, CD, etc.)	\$ _____		
Stocks and bonds fair market value	\$ _____		
Other assets (explain)	\$ _____		
Do not include 401K or retirement plans			
TOTAL ASSETS	\$ _____		

Applicant Name _____

Requested Financial Assistance: JCC MEMBERSHIP

Indicate the type(s) and amount(s) of financial assistance you are seeking:

Type	Total Cost Without Financial Assistance <i>(check with membership office or appropriate program office if unsure)</i>	Amount You Are Able To Pay
<input type="checkbox"/> JCC Membership Full Family _____ Basic Family _____ Single Parent Family _____ Basic Single Parent _____ Individual 26-35 _____ Individual 36 – 64 _____ Couple 26 – 35 _____ Couple 36 – 64 _____ Individual 65+ _____ Couple 65+ _____ Amount of Financial Assistance Requested \$ _____		\$
<p>*PLEASE NOTE THE JCC DOES NOT AWARD 100% ASSISTANCE</p> <p style="text-align: right;">TOTAL:</p>	\$	\$

Requested Financial Assistance: EARLY CHILDHOOD EDUCATION AT THE KATZ JCC

Indicate the type(s) and amount(s) of financial assistance you are seeking:

JCC EARLY CHILDHOOD PROGRAMS	Total Cost Without Financial Assistance <i>(check with membership office or appropriate program office if unsure)</i>	Amount You Are Able To Pay
<input type="checkbox"/> For _____ <i>(child's name and age)</i> <i>(check all that apply)</i> Early Childhood <input type="checkbox"/> Infant/Toddler <input type="checkbox"/> Kindergarten <input type="checkbox"/> Amount of Financial Assistance Requested \$ _____	\$	\$
<input type="checkbox"/> For _____ <i>(child's name and age)</i> <i>(check all that apply)</i> Early Childhood <input type="checkbox"/> Infant/Toddler <input type="checkbox"/> Kindergarten <input type="checkbox"/> Amount of Financial Assistance Requested \$ _____	\$	\$
<p>*PLEASE NOTE THE JCC DOES NOT AWARD 100% ASSISTANCE</p> <p style="text-align: right;">TOTAL:</p>	\$	\$

Applicant Name _____

Requested Financial Assistance: JCC CAMPS AT MEDFORD/ KINDERCAMP AT THE JCC

Indicate the type(s) and amount(s) of financial assistance you are seeking:

	Total Cost Without Financial Assistance <i>(check with membership office or appropriate program office if unsure)</i>	Amount You Are Able To Pay
<input type="checkbox"/> For _____ <i>(child's name and age)</i> <input type="checkbox"/> Medford <input type="checkbox"/> AM Day Care <input type="checkbox"/> PM Day Care Name of Camp & number of weeks _____ Amount of Financial Assistance Requested \$ _____ <input type="checkbox"/> Kindercamp <input type="checkbox"/> AM Day Care <input type="checkbox"/> PM Day Care Number of weeks _____ Amount of Financial Assistance Requested \$ _____	\$	\$
<input type="checkbox"/> For _____ <i>(child's name and age)</i> <input type="checkbox"/> Medford <input type="checkbox"/> AM Day Care <input type="checkbox"/> PM Day Care Name of Camp& number of weeks _____ Amount of Financial Assistance Requested \$ _____ <input type="checkbox"/> Kindercamp <input type="checkbox"/> AM Day Care <input type="checkbox"/> PM Day Care Number of weeks _____ Amount of Financial Assistance Requested \$ _____	\$	\$
<p>*PLEASE NOTE THE JCC DOES NOT AWARD 100% ASSISTANCE</p> <p style="text-align: right;">TOTAL:</p>	\$	\$