

Worcester JCC
Financial Aid & Scholarship Application Procedures

The Jewish Community Center (JCC) and the Jewish Family Services (JFS) have entered into an agreement for the processing of all financial aid and scholarship requests for all JCC services. The following procedures are effective immediately for all applications for the term of this relationship:

1. Preliminary application is available only at the JCC and must be returned only to the JCC to the attention of the Executive Director. When filling out this application please remember to **print clearly**.
2. In addition to the preliminary application, the following material will need to be submitted to the JCC:
 - a. Copy of your **current** Federal Tax Return will be **required**.
 - b. Copy of your most recent W2s.
 - c. Verification of other income such as AFDC, unemployment disability, workman's compensation, social security, child support, divorce decree, etc.
 - d. Verification of current employment status & salary (pay stub, letter, etc.)
 - e. Verification from a physician if medical need is reason for assistance.
 - f. **Registration forms for the appropriate programs that scholarship is being requested for.**
3. ***Must indicate what you estimate you can pay towards programs and services provided or the application will be returned for completion.
4. After form is received by the JCC, confidential interviews will be scheduled with a JFS counselor.
5. The JFS counselor will forward the information from the interview and a recommendation, based upon JCC established criteria, to the JCC scholarship Committee for final, confidential approval.
6. The JCC Executive Director, or designated appointee, will formally notify the applicant of the confidential results of the Scholarship Committee decision.

These procedures are designed to promote the best possible management of limited resources to help those individuals and families most in need. Thank you for your cooperation.



JCC Mission: To provide the Greater Worcester Community with the highest quality educational, health, wellness, social, and recreational programs for people of all ages guided by Jewish values and culture in an environment that is safe, welcoming and respectful to all.

2018 Financial Aid Application Please Print Clearly Date: _____

MEMBERSHIP APPLICATION: CATEGORY (PLEASE CHECK ONE):

Family Couple Single Parent Senior Couple Senior Individual Individual Non-Member

Name: _____ Phone: _____

Address: _____

Email: _____ DOB: _____

1. Marital Status: Married Widowed Separated Divorced Single

2. Number of Children: _____ Age(s): _____

3. Number of other members of household: _____ Age(s): _____
Relationship to applicant: _____

4. Religious Affiliation: Jewish Non-Jewish

CAMPER APPLICATION

Camper Name: _____ First Time Camper Returning Camper (circle one)

Parent/Caregiver Name: _____

FINANCIAL AID INFORMATION

If approved for a campership how much would you be able to pay towards tuition in total? \$ _____

Total amount of aid you are requesting: \$ _____

Ever received tuition assistance: Y or N If yes, for which programs: _____

Annual Household Income for: 2016 \$ _____ 2017 \$ _____ (estimate if necessary)

Number of members in the household: _____

<u>MONTHLY HOUSEHOLD INCOME</u>	Monthly Amount	<u>MONTHLY HOUSEHOLD EXPENSES</u>	Monthly Amount
Wages	\$ _____	Housing: Own or Rent (circle one)	\$ _____
SSI or SSDI Payment	\$ _____	Food (not including SNAP)	\$ _____
Retirement/Pension	\$ _____	Utilities (Gas, Electric, Water)	\$ _____
Unemployment/Workers Compensation	\$ _____	Phone/Cell	\$ _____
Temporary Assistance to Needy Families (TANF)	\$ _____	Cable/Internet	\$ _____
Alimony/Child Support	\$ _____	Health Insurance (include out of pocket)	\$ _____
Supplemental Nutrition Assistance Program (SNAP)	\$ _____	Vehicle loan / lease	\$ _____
Other Public/Private Assistance: _____	\$ _____	insurance	\$ _____
Total Monthly Household Income	\$ _____	maintenance	\$ _____
		gas	\$ _____
		Other monthly expenses: (please list)	
		_____	\$ _____
		_____	\$ _____
		_____	\$ _____
		Total Expenses	\$ _____

PROGRAM INFORMATION:

Please list all of the JCC services/programs for which you are requesting assistance at this time:

Name of Program:	Family Member Enrolled:	Regular Program Fee:
_____	_____	_____
_____	_____	_____
_____	_____	_____

Total: _____

Are there any special circumstances you wish us to consider? _____

How did you find out about the JCC Programs? _____

******YOU MUST ANSWER THIS QUESTION OR THE APPLICATION WILL BE RETURNED******

What do you estimate you can pay for the programs and services listed above? _____
(Estimate cannot be \$0.)

Applicants Signature: _____ Date: _____

For office use only:

Membership # _____

1. Membership amount: _____

Membership aid granted: _____

2. Program and fees: _____

Program aid granted: _____

3. Payment Plan: _____

Executive Director Signature: _____ Date: _____