

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.

Camp JCC - 2018 Financial Aid Application

CAMPER INFORMATION

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: _____

| MONTHLY HOUSEHOLD INCOME | Monthly Amount | MONTHLY HOUSEHOLD EXPENSES | 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/Expenses (include out of pocket) | \$ _____ |
| Supplemental Nutrition Assistance Program (SNAP) | \$ _____ | Vehicle | |
| Other Public/Private Assistance: _____ | \$ _____ | loan / lease | \$ _____ |
| Total Monthly Household Income | \$ _____ | insurance | \$ _____ |
| | | maintenance | \$ _____ |
| | | gas | \$ _____ |
| | | Other monthly expenses: | |
| | | (please list) | |
| | | _____ | \$ _____ |
| | | _____ | \$ _____ |
| | | _____ | \$ _____ |
| | | Total Monthly Household Expenses | \$ _____ |

IV) 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: |

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

VI) How did you find out about the JCC Programs? _____

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

VII) What do you estimate you can pay for the programs and services listed above? _____

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: _____