



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.

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
5. Race / Ethnicity _____

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: 2019 \$ _____ 2020 \$ _____ (estimate if necessary)

Number of members in the household: _____

| <u>CURRENT 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: _____

*Camp deposit does not guarantee a spot if application is not complete.

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: _____

Accounts Receivable Signature: _____ Date: _____