



# Financial Aid Application

Please Print Clearly

Date: \_\_\_\_\_

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Child Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Email Address \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Occupation \_\_\_\_\_ Place of Business \_\_\_\_\_

Work Phone \_\_\_\_\_ Employment:  Full Time  Part Time

Marital Status: \_\_ Single \_\_ Married \_\_ Separated \_\_ Divorced \_\_ Widowed

Number of Children: \_\_\_\_\_ Age(s): \_\_\_\_\_

Relationship to applicant: \_\_\_\_\_

Number of other members of household: \_\_\_\_\_ Age(s): \_\_\_\_\_

Religious Affiliation:  Jewish  Non-Jewish

***I am / we are applying for financial aid for (check all that apply):***

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

Early Childhood

After School Program

Summer Camp (Camp deposit does not guarantee a spot if application is not complete)

How did you hear about the JCC? \_\_\_\_\_

***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: \_\_\_\_\_

*\*Attached self-identification survey form is required*

**Financial aid information**

Total amount of aid you are requesting: \$\_\_\_\_\_

Annual Household Income for: 2024 (estimate) \$\_\_\_\_\_ 2025 (estimate) \$\_\_\_\_\_

I am currently receiving financial aid from the Worcester JCC

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

<b><u>Current monthly household income</u></b>	<b>Monthly Amount</b>	<b><u>Monthly household expenses</u></b>	<b>Monthly Amount</b>
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	\$_____

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.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

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

Monthly  Total

Applicants Signature: \_\_\_\_\_ Date: \_\_\_\_\_

For office use only: Membership # \_\_\_\_\_

1. Total Amount: \_\_\_\_\_ Aid granted: \_\_\_\_\_

2. Payment Plan: \_\_\_\_\_

Executive Director Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Accounts Receivable Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## **APPLICANT VOLUNTARY SELF-IDENTIFICATION SURVEY**

Applicants for WJCC Scholarships, Grants and Membership to the WJCC Community Center are treated without regard to race, color, religion, sexual orientation, gender, national origin, Citizenship status (unless required by government contract), age, marital or veteran status, physical or mental disability, or any other legally protected status during every aspect of the Scholarship, Grant or Membership process.

WJCC complies with Government regulations and affirmative action responsibilities. Soley to help us with record keeping, reporting and other legal requirements, please complete the survey below.

Inclusion or exclusion of any data will not affect your other qualifications for a WJCC Scholarship, Grant or Membership. Data such as this is normally requested by the Funder.

*If you choose not to provide the following information please check the box at the bottom of the page.*

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Please complete the following information. Please print.

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Date: \_\_\_\_\_

GENDER;     \_\_\_Male     \_\_\_Female     \_\_\_Other \_\_\_\_\_

**ETHNICITY;** Are you Hispanic or Latino? (A person of Cuban, Mexican, Puerto Rican, South or Central American or other Spanish culture of origin, regardless of race)     \_\_\_ Yes     \_\_\_ No     If yes, stop here.

**RACE:** If you **are not** Hispanic or Latino, continue with this form and check off the appropriate race category.

- White (Not Hispanic or Latino)- A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
- Black or African American (Not Hispanic or Latino)- A person having origins in any of the Black racial groups of Africa.
- Native Hawaiian or Other Pacific Islander (not Hispanic or Latino) – A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- Asian (Not Hispanic or Latino) – A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.
- American Indian or Alaska Native (Not Hispanic or Latino) – A person having origins in any of the original peoples of North or South America (Including Central America), and who maintains tribal affiliation or community attachment.
- Two or More races (Not Hispanic or Latino) – A person who identifies with more than one of the above 5 races.

Veterans Status;    Disabled Veteran    Vietnam Era Veteran    Other Veteran    Not a Veteran

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I respectfully decline completing the information being requested above. \_\_\_\_\_ Initials