Worcester JCC

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 ☐ Other Faith

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: 2025 (estimate) $_____ 2026 (estimate) $_____

☐ I am currently receiving financial aid from the Worcester JCC

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

Current monthly household income	**Monthly Amount**
Wages	$_____
SSI or SSDI Payment	$_____
Retirement/Pension	$_____
Unemployment/Workers Compensation	$_____
Temporary Assistance to Needy Families (TANF)	$_____
Alimony/Child Support	$_____
Supplemental Nutrition Assistance Program (SNAP)	$_____
Other Public/Private Assistance: _____	$_____
Total Monthly Household Income	$_____

Monthly household expenses	**Monthly Amount**
Housing: Own or Rent (circle one)	$_____
Food (not including SNAP)	$_____
Utilities (Gas, Electric, Water)	$_____
Phone/Cell	$_____
Cable/Internet	$_____
Health Insurance (include out of pocket)	$_____
Vehicle loan / lease	$_____
insurance	$_____
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.

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