



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: _____

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: 2018 \$ _____ 2019 \$ _____ (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: _____

*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: _____