

Family: _____

Financial Aid Process

ECE, JLounge, Camp and Membership



Please submit the attached form along with the below list of supporting documents to Stephanie Bennett, Membership and Fiscal Services Manager. All applications undergo a blind review process by our Financial Assistance Committee. Reviews for Membership are done weekly, but can be longer depending on holidays and/or building closures. Please also allow additional time for ECE, JLounge, and Camp applications.

Paperwork to be collected*:

- Membership Application (if they are not already members)
- ECE and/or Camp form (if applicable)
- JCC Financial Aid Form
- Cover letter explaining need for assistance and detailing any extenuating circumstances
- Copy of most recent tax returns**
- Copy of the last two pay stubs**
- Any additional financial information**

**We reserve the right to request updated information. This may change the amount awarded. Applications will not be processed or reviewed by the committee unless all paperwork has been submitted.*

***Need information of both parents if filing separately and living in the same house, if separated, financials from whoever claims the child(ren) as dependents.*

Family: _____

Financial Aid Form



Applicant's Name _____ Submission Date _____

Marital Status _____ Parent/Guardian With Custody _____

Applicant's Occupation _____ Place of Employment _____

Salary _____

Spouse/Partner's Occupation _____ Spouse/Partner's Place of Employment _____

Spouse/Partner's Salary _____

Number of Dependents in Household _____ Total Household Income From All Sources _____

AGI _____ AGI With Add-ins (If Applicable) _____

Pension _____ Support Payments _____ Investments _____

Monthly Rent/Mortgage _____

Current Account Balances

Savings _____ Bank (Checking) _____ Other _____

Other Memberships/Schools Attended/Other Reduced Fees

How much you feel you can pay per month:

Organization/School Name _____

Dues/Tuition Amount _____

Discount Amount/Percentage _____

Organization/School Name _____

Dues/Tuition Amount _____

Discount Amount/Percentage _____

Organization/School Name _____

Dues/Tuition Amount _____

Discount Amount/Percentage _____

Organization/School Name _____

Dues/Tuition Amount _____

Discount Amount/Percentage _____

Other Expenses

Medical _____

Support For Other Relatives _____

Alimony _____

Special Education _____

Support Payments _____

Other _____

Membership: _____ ECE / Camp _____

For Office Use Only

Applying For:

Program 1 _____

Program 2 _____

Program 3 _____

Program 4 _____

Total Fees _____

Total They Feel They Can Pay Every Month _____

Total They Quality For Based on Poverty Guidelines (Percentage) _____

Total They Were Awarded Last Year _____

Awarded Amount (Percentage) _____

Approved By _____

Date _____

Approved By _____

Date _____