



JCC  
Stamford

### FINANCIAL ASSISTANCE APPLICATION FORM

PLEASE PRINT OR TYPE. This application is to be completed fully on both sides and signed, with required supporting documents attached. A personal interview may be requested before consideration of your application. The information in the application will be held in strict confidence.

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

Have you or anyone in your family or household previously applied for or received a Stamford JCC scholarship?

Prior Year(s): Yes \_\_\_ No \_\_\_ Current Year: Yes \_\_\_ No \_\_\_  
Are you currently a JCC Member? Yes \_\_\_ No \_\_\_

Return completed Application Form to:  
Ilene Kirschner Madwed, Director, Membership & Customer Experience  
Stamford Jewish Community Center  
1035 Newfield Avenue  
Stamford, CT 06905  
(203) 487-0945

For Office Use Only:

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

\_\_\_\_ Membership  
Regular Fee \$ \_\_\_\_\_ Adjusted Fee \$ \_\_\_\_\_

\_\_\_\_ Nursery School  
Regular Fee \$ \_\_\_\_\_ Adjusted Fee \$ \_\_\_\_\_

\_\_\_\_ Jump Start  
Regular Fee \$ \_\_\_\_\_ Adjusted Fee \$ \_\_\_\_\_

\_\_\_\_ Day Camps@the J  
Regular Fee \$ \_\_\_\_\_ Adjusted Fee \$ \_\_\_\_\_

\_\_\_\_ Hand in Hand  
Regular Fee \$ \_\_\_\_\_ Adjusted Fee \$ \_\_\_\_\_

\_\_\_\_ Other  
Regular Fee \$ \_\_\_\_\_ Adjusted Fee \$ \_\_\_\_\_

Total Fees \$ \_\_\_\_\_

Payment Plan \_\_\_\_\_

Interviewer \_\_\_\_\_

Date Evaluated \_\_\_\_\_

### FAMILY INFORMATION

Applicants:

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

Name – Adult 1 \_\_\_\_\_  
Address \_\_\_\_\_ Home Phone \_\_\_\_\_  
Email \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Status: \_\_\_ Single \_\_\_ Married \_\_\_ Separated \_\_\_ Divorced \_\_\_ Widowed \_\_\_ Other \_\_\_\_\_  
Occupation \_\_\_\_\_  
Employer \_\_\_\_\_ Years Employed There \_\_\_\_\_  
If Unemployed: How Long \_\_\_\_\_ Reason \_\_\_\_\_

Name – Adult 2 \_\_\_\_\_  
Address \_\_\_\_\_ Home Phone \_\_\_\_\_  
Email \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Status: \_\_\_ Single \_\_\_ Married \_\_\_ Separated \_\_\_ Divorced \_\_\_ Widowed \_\_\_ Other \_\_\_\_\_  
Occupation \_\_\_\_\_  
Employer \_\_\_\_\_ Years Employed There \_\_\_\_\_  
If Unemployed: How Long \_\_\_\_\_ Reason \_\_\_\_\_

### Dependents in Household:

Name	Date of Birth	Relationship	Seeking Scholarship for this Person (Yes/No)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**SERVICES FOR WHICH YOU ARE REQUESTING FINANCIAL ASSISTANCE:**

This section must be filled out completely in order to process application. Please submit membership application and registration form(s) for the appropriate programs with this application: This must be filled out completely.

- ( ) MEMBERSHIP                      Amount you can pay per month                      \$ \_\_\_\_\_
- ( ) NURSERY SCHOOL                      Amount you can pay per year                      \$ \_\_\_\_\_
- ( ) JUMPSTART                      Amount you can pay per month                      \$ \_\_\_\_\_
- ( ) DAY CAMPS@THEJ                      Amount you can pay per week                      \$ \_\_\_\_\_
- ( ) HAND IN HAND                      Amount you can pay per session                      \$ \_\_\_\_\_
- ( ) OTHER \_\_\_\_\_                      \$ \_\_\_\_\_

**OTHER FINANCIAL ASSISTANCE YOU CURRENTLY RECEIVE:**

Please list other organizations, schools, camps, or JCC programs for which you have requested or received financial assistance or scholarships within the past year.

Organization/School/Camp/Program	Amount Received	Beneficiary	Time Period Covered
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**INCOME AND ASSETS**

**MONTHLY GROSS INCOME**

	<b>Adult 1</b>	<b>Adult 2</b>
1. SALARY	_____	_____
2. CHILD SUPPORT	_____	_____
3. SPOUSAL SUPPORT/MAINTENANCE	_____	_____
4. SOCIAL SECURITY	_____	_____
5. DISABILITY, WORKER'S COMPENSATION, UNEMPLOYMENT	_____	_____
6. UNEARNED INCOME (INTEREST, DIVIDENDS, PENSION)	_____	_____
7. TRUSTS, ESTATES, PARTNERSHIPS	_____	_____
8. OTHER (GIFTS, INHERITANCE, GRANTS)	_____	_____

**IF YOU ARE SELF-EMPLOYED – WHAT FAMILY/HOUSEHOLD EXPENSES ARE PAID FOR BY YOUR BUSINESS?**

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<b>BANK ACCOUNTS</b>	<b>Type of Account</b>	<b>Approximate Value</b>
1. _____	_____	\$ _____
2. _____	_____	\$ _____
3. _____	_____	\$ _____

**ASSETS**

**AUTOMOBILES:**

1. OWN ( ) LEASE ( ) YEAR _____ MAKE _____ MODEL _____ PAYMENT _____
2. OWN ( ) LEASE ( ) YEAR _____ MAKE _____ MODEL _____ PAYMENT _____

**REAL ESTATE HOLDINGS:**

1. HOME MARKET VALUE \$ _____ HOW MANY YEARS _____
2. OTHER _____

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**RETIREMENT PLAN(S)**

	<b>Adult 1</b>	<b>Adult 2</b>
Current Year's Contributions	\$ _____	\$ _____
Total Value	\$ _____	\$ _____

**OTHER ASSETS:**

1. _____	VALUE \$ _____
2. _____	VALUE \$ _____
3. _____	VALUE \$ _____

**MONTHLY EXPENSES**

1. RENT OR MORTGAGE	\$ _____
2. REAL ESTATE TAXES OR MAINTENANCE/ASSOCIATION FEES	\$ _____
3. GAS, ELECTRIC, WATER & HEAT	\$ _____
4. PHONE, CABLE & INTERNET	\$ _____
5. INSURANCE	\$ _____
6. MEDICAL/DENTAL EXPENSES	\$ _____
7. FOOD	\$ _____
8. CLOTHING	\$ _____
9. RECREATION & ENTERTAINMENT	\$ _____
10. CAR PAYMENTS, REPAIRS, GAS	\$ _____
11. SCHOOL TUITION	\$ _____
12. BANK, SCHOOL LOANS	\$ _____
13. SPOUSAL OR DEPENDANT SUPPORT	\$ _____
14. CHILD CARE EXPENSE	\$ _____
15. CHARITABLE CONTRIBUTIONS	\$ _____
16. OTHER: _____	\$ _____
Total Monthly Expenses	\$ _____

**ARE YOU CURRENTLY INVOLVED IN ANY LITIGATIONS? Yes ( ) No ( )**

IF YES, PLEASE EXPLAIN \_\_\_\_\_  
\_\_\_\_\_

**SPECIAL CIRCUMSTANCES:**

Please describe your family situation and any exceptional circumstances (financial and otherwise) that contribute to the need for scholarship support. Be explicit and attach additional pages if you'd like to.

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

If applicant or spouse has a medical condition which prevents him/her from being employed, or impacts upon the family financial condition, please describe applicant's/spouse's medical condition, and explain the impact on family's finances.

Applicants \_\_\_\_\_ Spouse's \_\_\_\_\_ Child's/Dependent's \_\_\_\_\_

Medical condition (describe) \_\_\_\_\_

Impact on Family's Finances \_\_\_\_\_  
\_\_\_\_\_

**Please note: If you have filled out the section above, you must furnish a letter from your doctor describing your medical condition.**

## PAYMENT PLANS

Will you require a payment plan to meet your obligations? \_\_\_\_ Yes \_\_\_\_ No

### **Declaration:**

I declare that the information contained in this application is, to the best of my knowledge and belief, accurate and complete. Failure to answer all questions accurately may disqualify you from consideration.

Signed \_\_\_\_\_ Date \_\_\_\_\_

### **Confidentiality**

As part of the scholarship process, a personal interview or interview over the phone may be required. Please be prepared to provide additional information, or to further clarify information contained in this application at that time. Your application and all interviews are handled in the strictest confidence. **We will notify you by mail when the Financial Assistance Committee has made their decision.**

### **PLEASE SUBMIT THE FOLLOWING FORMS WITH YOUR APPLICATION**

1. ALL I.R.S. TAX RETURNS (FOR THE PAST YEAR)
2. ALL W-2 FORMS FOR THE PAST YEAR
3. ALL PAYROLL SLIPS FROM THE PAST TWO MONTHS
4. IF NOT EMPLOYED, COPIES OF FORMS INDICATING SOURCE OF INCOME (I.E. DISABILITY, SSI, ETC.)
5. COURT CERTIFIED COPIES OF DIVORCE, SEPARATION OR PROPERTY SETTLEMENT AGREEMENT AND ANY FINAL JUDGEMENT OF DIVORCE, IF NOT ON FILE
6. ALL APPLICATIONS (AS APPLICABLE) WITH DEPOSITS
7. A LETTER EXPLAINING EXTENUATING CIRCUMSTANCES

### **IMPORTANT:**

**PLEASE PROVIDE THE FORMS REQUESTED ABOVE SO THAT WE ARE ABLE TO PROCESS YOUR APPLICATION.  
ASSISTANCE IS GRANTED FOR ONE YEAR.**

**Please send the completed Scholarship Assistance Application and other required forms marked confidential to:**

Ilene Kirschner Madwed, Director, Membership & Customer Experience  
Stamford Jewish Community Center  
1035 Newfield Avenue  
Stamford, CT 06905

