TEMPLE B'NAI CHAIM

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 Temple B'nai Chaim scholarship?

Prior Year(s): Yes ☐ No ☐ Current Year: Yes ☐ No ☐
Are you currently a Temple B'nai Chaim Member? Yes ☐ No ☐

Return completed Application Form to:
Rachel Beckwith
Temple B'nai Chaim
82 Portland Avenue
Wilton, CT 06897
203.544.8695
rbeckwith@stamfordjcc.org

For Office Use Only:

Date Received: _____

_____Membership
Regular Fee $_____ Adjusted Fee $_____

_____ Religious School
Regular Fee $_____ Adjusted Fee $_____

Total Fees $_____

Payment Plan _____

Interviewer _____

Date Evaluated _____

Family Information

Applicant: **Date:**_____
Applicant's (adult's) Name_____
Address_____ Home Phone No._____
Email _____ Cell Phone No._____
Status: ☐Single ☐Married ☐Separated ☐Divorced ☐Widowed ☐Other_____
Occupation_____
*Employer_____Years Employed There_____
Employer Address_____
*If self-employed please list all names of companies under which you do business_____
_____

Spouse/Partner/Other:
Applicant's (Adult's) Name_____
Address_____Home Phone No. _____
_____ Cell Phone No._____
Status: ☐Single ☐Married ☐Separated ☐Divorced ☐Widowed ☐Other_____
Occupation_____
*Employer_____Years Employed There_____
Employer Address_____
*If self-employed please list all names of companies under which you do business_____
_____

Others In Household:

Name	Gender	Birthdate	Relationship	School Attending	Seeking Scholarship for this person? (Yes or No)

Do you own a summer home? _____Yes _____No
Do you own a second home? _____Yes _____No
Do you own a Time Share? _____Yes _____No
Do you belong to a swim club? _____Yes _____No

Other Financial Assistance:
Please list other organizations, schools, camps, or TBC 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

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 use additional paper if needed.

SCHOLARSHIP ASSISTANCE INFORMATION:

- Do any of your children attend Private/Day School? Yes_____ No_____
- Have you applied for financial aid from your child's school? Yes_____ No_____ If yes, amount $_____
- Have you received financial aid from your child's school? Yes_____ No_____
- Do any of your children attend college? Yes_____ No_____
- Have you applied for and/or received financial aid from your child's college? Yes_____ No_____ Amount $_____
- Have you received financial aid from TBC, the Stamford JCC or Federation agencies? Yes_____ No_____ If yes, for what and when? _____Amount $_____
- If you are receiving disability or unemployment, check here _____Amount $_____
- Are you receiving assistance from any State or Federal program?_____Amount of Aid $_____
- If your child has special needs, have you applied to the Division on Developmental Disabilities (DDD) for assistance? Yes_____ No_____

B. ASSETS

AUTOMOBILES:

1. OWN ☐ LEASE ☐ YEAR_____ MAKE_____ MODEL_____ PAYMENT_____
2. OWN ☐ LEASE ☐ YEAR_____ MAKE_____ MODEL_____ PAYMENT_____

BANK ACCOUNTS: LIST ALL BANK/MONEY MARKET/CD'S/BROKERAGE ACCOUNTS

Financial Institutions	**Type of Account**	**Account #'s**
1. _____	1. _____	1. _____
2. _____	2. _____	2. _____
3. _____	3. _____	3. _____

REAL ESTATE HOLDINGS:

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

RETIREMENT PLAN(S) (YOURS):_____
CURRENT YEAR'S CONTRIBUTIONS_____ TOTAL VALUE $_____
RETIRMENT PLAN(SPOUSE)_____
CURRENT YEAR'S CONTRIBUTIONS_____ TOTAL VALUE $_____
OTHER ASSETS:
1._____VALUE $_____
2._____VALUE $_____

C. SERVICES FOR WHICH YOU ARE REQUESTING FINANCIAL AID:

This section must be filled out completely in order to process application. Please submit membership application (if not renewal) and registration form(s) for the appropriate programs with this application:

☐ Membership ☐ NEW ☐ RENEWAL Date of Renewal_____(These amounts must be filled out)
AMOUNT YOU CAN PAY PER YEAR $_____

☐ Religious School AMOUNT YOU CAN PAY PER YEAR $ _____

☐ Other $_____

_____ _____

D. MONTHLY INCOME SOURCES (GROSS)

		SELF	SPOUSE
1.	SALARY…….	$_____	$_____
2.	CHILD SUPPORT…….	$_____	$_____
3.	ALIMONY……..	$_____	$_____
4.	TRUST, ESTATES, PARTNERSHIPS, S-CORP…….	$_____	$_____
5.	UNEARNED INCOME (INTEREST, DIVIDENDS, PENSIONS)…….	$_____	$_____
6.	SOCIAL SECURITY…….	$_____	$_____
7.	WELFARE……..	$_____	$_____
8.	DISABILTY, WORKMAN'S COMP., INSURANCE CLAIMS…	$_____	$_____
9.	GIFTS, MONEY OR PROPERTY INHERITED OR WILLED……..	$_____	$_____
10.	SCHOLARSHIP/GRANT……..	$_____	$_____
11.	OTHER, PLEASE SPECIFY (Grandparents, Relatives, Lottery, etc.)….	$_____	$_____
	TOTAL MONTHLY INCOME……	$_____	$_____

E. ARE YOU CURRENTLY INVOLVED IN ANY LITIGATIONS? Yes ( ) No ( )
IF YES, PLEASE EXPLAIN_____
_____

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

G. MONTHLY EXPENSES	**MONTHLY**	**ANNUAL**
1. RENT ☐ Is property owned by a family member? Yes☐ No☐ OR MORTGAGE ☐……	$_____	$_____
2. REAL ESTATE TAXES……..	$_____	$_____
3. MAINTENANCE/ASSOCIATION FEES……..	$_____	$_____
4. ELECTRIC……	$_____	$_____
5. WATER……	$_____	$_____
6. GARBAGE……..	$_____	$_____
7. CABLE……	$_____	$_____
8. TELEPHONE/CELL PHONE/BEEPER……..	$_____	$_____
9. OTHER UTILITIES……..	$_____	$_____
10. FOOD		
11. CLOTHING…….	$_____	$_____
12. LAUNDRY/DRY CLEANING……	$_____	$_____

13.	MEDICAL/DENTAL INSURANCE & EXPENSES……	$_____	$_____
14.	RECREATION, CLUB & ENTERTAINMENT……..	$_____	$_____
15.	INSURANCE (combine life, auto, home & others)…….	$_____	$_____
16.	CAR PAYMENTS……	$_____	$_____
17.	CAR REPAIRS/GAS…… ……..	$_____	$_____
18.	CREDIT CARD PAYMENTS……..	$_____	$_____
19.	ALIMONY OR CHILD SUPPORT……	$_____	$_____
20.	PAYMENT FOR OTHER DEPENDENTS LIVING WITH YOU….	$_____	$_____
21.	PAYMENT FOR PRE OR AFTER-SCHOOL CARE…..	$_____	$_____
	a. Additional Child Care Expenses……	$_____	$_____
	b. Enrichment Classes……..	$_____	$_____
22.	SCHOOL TUITION		
	Day School/Private School fees you pay annually		$_____
	College Tuition/Room/Board you pay annually		$_____
	Nursery School/Daycare fees you pay annually		$_____
	Total Annual Synagogue/School Expenses		$_____
23.	CHARITABLE CONTRIBUTIONS……	$_____	$_____
24.	OTHER EXPENSES (explain)…….	$_____	$_____
	TOTAL MONTHLY EXPENSES	$_____	
25.	TOTAL CREDIT CARD DEBT……	$_____	

EXPLANATION IF OVER $5,000_____

_____

H. DO YOU SHARE HOUSEHOLD EXPENSES WITH ANOTHER ADULT? Yes_____ No_____

PAYMENT PLANS

Will you require a payment plan to meet your obligations? _____Yes _____No

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.

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 will 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

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. FOOD STAMPS, DISABLITY, SSI, ETC.)
5. COURT CERTIFIED COPIES OF DIVORCE, SEPARATION OR PROPERTY SETTLEMENT AGREEMENT AND ANY FINAL JUDGEMENT OF DIVORCE, IF NOT ON FILE
6. MEMBERSHIP/RELIGIOUS SCHOOL APPLICATIONS (AS APPLICABLE) WITH DEPOSITS
7. A LETTER EXPLAINING EXTENUATING CIRCUMSTANCES

IMPORTANT:

WE WILL NOT PROCESS YOUR APPLICATION WITHOUT THE ABOVE FORMS.
NEW FORMS MUST BE SUBMITTED EACH YEAR THAT AN APPLICATION IS SUBMITTED.

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

Rachel Beckwith, Chief of Staff
rbeckwith@stamfordjcc.org
Temple B'nai Chaim
82 Portland Avenue
Wilton, CT 06897