



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:

Rachel Beckwith

Chief of Staff

Stamford Jewish Community Center

1035 Newfield Avenue

Stamford, CT 06905

(203) 487-0950

rbeckwith@stamfordjcc.org

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

#### 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 \_\_\_\_\_ Seeking Scholarship \_\_\_\_\_

Attending \_\_\_\_\_ for this person? (Yes or No) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you own a summer home? \_\_\_\_ Yes \_\_\_\_ No  
Do you own a Time Share? \_\_\_\_ Yes \_\_\_\_ No

Do you own a second home? \_\_\_\_ Yes \_\_\_\_ No  
Do you belong to a swim club? \_\_\_\_ Yes \_\_\_\_ No

**Other Financial Assistance:**

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

<u>Organization/School/Camp/Program</u>	<u>Amount Received</u>	<u>Beneficiary</u>	<u>Time Period Covered</u>
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**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:**

- o Are you a member of a synagogue? Yes \_\_\_\_ No \_\_\_\_, If yes, which: \_\_\_\_\_
- o Have you applied for financial aid from your synagogue? Yes \_\_\_\_ No \_\_\_\_
- o Have you received financial aid from your synagogue? Yes \_\_\_\_ No \_\_\_\_ If yes, check for which of the following:  
Membership \_\_\_\_ Hebrew School \_\_\_\_ Nursery \_\_\_\_ year received financial aid: 20 \_\_\_\_
- o Do any of your children attend Private/Day School? Yes \_\_\_\_ No \_\_\_\_
- o Have you applied for financial aid from your child's school? Yes \_\_\_\_ No \_\_\_\_ If yes, amount \$ \_\_\_\_\_
- o Have you received financial aid from your child's school? Yes \_\_\_\_ No \_\_\_\_
- o Do any of your children attend college? Yes \_\_\_\_ No \_\_\_\_
- o Have you applied for and/or received financial aid from your child's college? Yes \_\_\_\_ No \_\_\_\_ Amount \$ \_\_\_\_\_
- o Have you received financial aid from the JCC or Federation agencies? Yes \_\_\_\_ No \_\_\_\_ If yes, for what and when?  
Amount \$ \_\_\_\_\_
- o If you are receiving disability or unemployment, check here \_\_\_\_ Amount \$ \_\_\_\_\_
- o Are you receiving assistance from any State or Federal program? \_\_\_\_ Amount of Aid \$ \_\_\_\_\_
- o 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**

<u>Financial Institutions</u>	<u>Type of Account</u>	<u>Account #'s</u>
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 \$ \_\_\_\_\_  
 RETIREMENT 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 \$ \_\_\_\_\_  
 ( ) Nursery School AMOUNT YOU CAN PAY PER YEAR \$ \_\_\_\_\_  
 ( ) Jump Start AMOUNT YOU CAN PAY \$ \_\_\_\_\_  
 ( ) Day Camps@the J AMOUNT YOU CAN PAY PER SESSION \$ \_\_\_\_\_  
 ( ) Hand in Hand AMOUNT YOU CAN PAY PER SESSION \$ \_\_\_\_\_  
 ( ) Other \_\_\_\_\_ \$ \_\_\_\_\_

**D. MONTHLY INCOME SOURCES (GROSS)**

	<b>SELF</b>	<b>SPOUSE</b>
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. DISABILITY, WORKMAN'S COMP., INSURANCE CLAIMS...	\$ _____	\$ _____
9. GIFTS, MONEY OR PROPERTY INHERITED OR WILLED.....	\$ _____	\$ _____
10. SCHOLARSHIP/GRANT.....	\$ _____	\$ _____
11. OTHER, PLEASE SPECIFY (Grandparents, Relatives, Lottery, etc.)....	\$ _____	\$ _____
<b>TOTAL MONTHLY INCOME.....</b>	<b>\$ _____</b>	<b>\$ _____</b>

**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		\$ _____
Hebrew School fees you pay annually		\$ _____
Synagogue Membership 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).....	\$ _____	\$ _____
<b>TOTAL MONTHLY EXPENSES</b>	\$ _____	
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, 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. MEMBERSHIP/CAMP/PRESCHOOL/AFTER-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](mailto:rbeckwith@stamfordjcc.org)  
Stamford Jewish Community Center  
1035 Newfield Avenue  
Stamford, CT 06905