



Financial Assistance Application – Summer 2017
Please fill out the ENTIRE form – Due April 11, 2017.

Please note, a copy of both parent's 2016 tax return forms/statement (copy), a completed Camp Registration form and a \$200 per camper deposit (fully refundable) MUST be included to be considered for Financial Assistance.

Without these items, this financial application will not be considered for assistance.

Today's Date _____

Applicant's (parent's) Name _____

Home Address _____

City _____ State _____ Zip _____

Mom's Cell _____ Dad's Cell _____

Home Phone _____ Email _____

Camper #1 Name _____ Age _____ Grade _____

Number of Camp Weeks _____ Cost for Tuition 2017 \$ _____

Camper # 2 Name _____ Age _____ Grade _____

Number of Camp Weeks _____ Cost for Tuition 2017 \$ _____

Camper # 3 Name _____ Age _____ Grade _____

Number of Camp Weeks _____ Cost for Tuition 2017 \$ _____

Total Amount of tuition from above ? \$ _____ + \$550 JCC Membership = \$ _____

Amount you feel you can afford? \$ _____

Current JCC Member ? _____ Have you ever been a JCC member ? _____

Have you ever received Camp or Membership scholarship to the JCC before? _____

Marital Status _____ Married _____ Divorced _____ Separated _____ Widowed _____ Other _____

Total people in current household # _____

Names, Relationship & Ages of those currently in household (please list)

MOTHER: Occupation of Applicant (Position/Title) _____

Business Name _____ How Long? _____

Salaries and/or business income (2016 year) \$ _____

FATHER: Occupation of Applicant (Position/Title) _____

Business Name _____ How Long? _____

Salaries and/or business income (2016 year) \$ _____

Other Individuals who contribute to family income/expenditure (describe)

Name _____ Relationship _____ \$ _____

Explanation _____

If you are divorced or separated, please answer the following:

Monthly Income from Child Support \$ _____ X 12 months = \$ _____ year

Monthly Income from Alimony \$ _____ X 12 months = \$ _____ year

Who will be responsible for JCC fees? _____

Have you collected unemployment or disability in 2016?

If yes, amount received \$ _____

Please explain any unusual or temporary circumstances you have experienced in the past year and/or any information that you feel will help the Scholarship Committee better understand your financial status (Please attach a separate sheet if necessary)

Estimated Monthly Income 2016:

- \$ _____ *Applicant's Gross Monthly earnings*
- \$ _____ *Spouse/Partner's Gross Monthly earnings*
- \$ _____ *Unemployment*
- \$ _____ *Workers Compensation*
- \$ _____ *Social Security*
- \$ _____ *Interest/Dividends*
- \$ _____ *Commissions*
- \$ _____ *Relatives Support*
- \$ _____ *Other (explain) _____*
- \$ _____ *Child Support / Alimony*

Total Monthly Income \$ _____ x 12 = \$ _____ Total yearly income

Estimated Monthly Expenses 2016

- \$ _____ *Rent or Mortgage Payment*
- \$ _____ *Telephone & Utilities (Elec, Gas, Trash, Water, etc)*
- \$ _____ *Food*
- \$ _____ *Clothing*
- \$ _____ *Home Insurance*
- \$ _____ *Car Insurance*
- \$ _____ *Car Payments*
- \$ _____ *Loan Payments*
- \$ _____ *Education*
- \$ _____ *Day Care*
- \$ _____ *Credit Card Payments*
- \$ _____ *Synagogue or Church Dues*
- \$ _____ *Other _____*

Total Monthly Expenses \$ _____ x 12 = \$ _____ Total yearly expenses

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 your from consideration.

Signed _____ Date _____

CONFIDENTIALITY:

As part of the financial assistance process, a personal interview or interview over the phone may be required. Please be prepared to provide additional information, or to 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 Application has made their decision. Please note: Award information will not be given out over the telephone.

Please send completed application marked confidential to:

*The Milton & Betty Katz Jewish
Community Center of Atlantic County
c/o Financial Assistance Committee
501 North Jerome Avenue
Margate, New Jersey 08402*

Please feel free to use the back of this paper to include any additional information we should know. You may attach a separate paper, if necessary, and any letter of reference that you feel will help your application.

The following documents MUST be provided by April 11, 2017, along with a \$200.00 deposit per child, and copy of your 2016 tax return in order for your financial aid application to be considered.

Please check off each document that you have included with your application.

- 2016 tax return***
- profit or loss of business documents (if applicable)***
- alimony agreement (if applicable)***
- child support documentation (if applicable)***
- social security income (if applicable)***
- proof of other sources of income (part-time jobs, loans, tips)***
- Deposit of \$200.00 per child (refundable with completed Assistance application if you choose not to enroll in Camp 2016)***
- Completed Camp by the Sea Registration form***