

# FINANCIAL AID INSTRUCTIONS

**Please fill out the entire form - Due April 11, 2018**

*Please note, a copy of both guardians' 2017 tax return forms/statement, a completed Camp Registration form and a \$200 per camper deposit (fully refundable) MUST be included for Financial Assistance consideration.*

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

In addition to the application, you must submit copies of the following:

- A copy of your 2017 tax return
- W-2's from all employers for all guardians
- 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, and tips)

Applications are accepted anytime through the April 11 deadline.

After your applications is received, you may be contacted to discuss your individual situation. Our committee will meet confidentially in April to make their recommendations. If you choose to decline the award granted by the committee, your \$200 deposit will be fully refunded.

Information given and discussed will remain confidential.

For more information about financial aid for Camp By the Sea contact Francesca Parisano at 609.822.1167 Ext. 134, or email [camp@campbythesea.org](mailto:camp@campbythesea.org).



501 N. Jerome Avenue  
Margate, NJ 08402  
609-822-1167  
[campbythesea.org](http://campbythesea.org)  
[camp@campbythesea.org](mailto:camp@campbythesea.org)



# 2018 FINANCIAL ASSISTANCE APPLICATION

Please fill out the entire form - Due April 11, 2018

Please note, a copy of both guardians' 2017 tax return forms/statement, a completed Camp Registration form and a \$200 per camper deposit (fully refundable) MUST be included for Financial Assistance consideration.



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## GENERAL INFORMATION

Applicant's (parent's) Name \_\_\_\_\_ Today's Date \_\_\_\_\_  
Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Mom's Cell \_\_\_\_\_ Dad's Cell \_\_\_\_\_ Home Phone \_\_\_\_\_  
Email \_\_\_\_\_

Camper's Full Name	Age	Grade	Number of Camp Weeks	Cost for Tuition 2016

Are you currently a JCC Member?  Yes  No  
Have you ever been a JCC member?  Yes  No  
Have you ever received Camp or Membership scholarship to the JCC before?  Yes  No

Total tuition from above ? \$ \_\_\_\_\_  
+ \$550 JCC Membership = \$ \_\_\_\_\_  
Amount you feel you can afford? \$ \_\_\_\_\_

Marital Status  Single  Married  Separated  Divorced  Remarried  Spouse Deceased  
Names, Relationship & Ages of those currently in household \_\_\_\_\_

MOTHER: Occupation \_\_\_\_\_  
Business Name \_\_\_\_\_  
Number of years with this employer \_\_\_\_\_  
Salaries and/or business income (2016 year) \$ \_\_\_\_\_

FATHER: Occupation \_\_\_\_\_  
Business Name \_\_\_\_\_  
Number of years with this employer \_\_\_\_\_  
Salaries and/or business income (2016 year) \$ \_\_\_\_\_

Other Individuals who contribute to family income/expenditure (describe)  
Name \_\_\_\_\_ Relationship \_\_\_\_\_ \$ Amount \_\_\_\_\_  
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 2015?  Yes  No 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 2018:

\$ \_\_\_\_\_ 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 months =**  
 \$ \_\_\_\_\_ **Total yearly income**

Estimated Monthly Expenses 2018

\$ \_\_\_\_\_ Rent or Mortgage Payment  
 \$ \_\_\_\_\_ Telephone & Util. (Elec, Gas, Trash, Water, etc)  
 \$ \_\_\_\_\_ Food  
 \$ \_\_\_\_\_ Clothing  
 \$ \_\_\_\_\_ Home Insurance  
 \$ \_\_\_\_\_ Car Insurance  
 \$ \_\_\_\_\_ Car Payments  
 \$ \_\_\_\_\_ Loan Payments  
 \$ \_\_\_\_\_ Credit Card Payments  
 \$ \_\_\_\_\_ Education  
 \$ \_\_\_\_\_ Day Care  
 \$ \_\_\_\_\_ 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, 2016, along with a \$200.00 deposit per child, in order for your financial aid application to be considered.

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

- 2015 tax return
- All W-2s (from all jobs and all working parties)
- 3 consecutive pay stubs (from all working parties)
- 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