

REQUEST FOR FINANCIAL AID

Information submitted is completely confidential



I am / we are applying for financial aid for (check all that apply):

Date of application: _____

- Membership
- KidsPlace after school program
- I am currently receiving financial aid from the J
- I have previously applied for financial aid at the J

Adult in Household

First Name _____ Last Name _____
 Date of Birth _____ Email Address _____
 Address _____ City/State/Zip _____
 Home Phone _____ Cell Phone _____
 Occupation _____ Place of Business _____
 Work Phone _____ Employment: Full Time Part Time

Additional Adult in Household (and/or responsible party)

First Name _____ Last Name _____
 Date of Birth _____ Email Address _____
 Relationship to Applicant _____ Cell Phone _____
 Occupation _____ Place of Business _____
 Work Phone _____ Employment: Full Time Part Time

Dependents in Household

Name _____	Date of Birth _____	Relationship to Applicant _____
Name _____	Date of Birth _____	Relationship to Applicant _____
Name _____	Date of Birth _____	Relationship to Applicant _____
Name _____	Date of Birth _____	Relationship to Applicant _____

Income and Assets

	Adult	Adult
Annual Wages, Salary, etc.	\$ _____	\$ _____
Annual Anticipated Bonus/Commission	\$ _____	\$ _____
Monthly Child Support Received	\$ _____	\$ _____
Monthly Alimony Received	\$ _____	\$ _____
Unearned Income (pension, dividends)	\$ _____	\$ _____
Income from other sources (gifts, rent)	\$ _____	\$ _____
SSI	\$ _____	\$ _____
Disability	\$ _____	\$ _____

Monthly Expenses

	Adult	Adult
Monthly Housing Payments <input type="checkbox"/> Mortgage <input type="checkbox"/> Rent	\$ _____	\$ _____
Monthly Car Payment(s)	\$ _____	\$ _____
Type & Year of Car(s)	_____	_____
Monthly Child Support Payment	\$ _____	\$ _____
Monthly Alimony Payment	\$ _____	\$ _____

Additional Expenses

Credit Card Debt	\$ _____	\$ _____
Bank Loans	\$ _____	\$ _____
School Loans	\$ _____	\$ _____
Private School Tuition (other than what you might be applying for)	\$ _____	\$ _____

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Other

Are you currently receiving financial aid from any other agency, institution, etc.? Yes No

Explain _____

Describe any extraordinary expenses or special circumstances, including anticipated duration of circumstances.

How long do you anticipate needing financial assistance?

Describe how you will become involved at the J and the community.

Amount you can afford to pay *per month* for each program:

\$_____ for _____, \$_____ for _____, \$_____ for _____

Return the following forms with this application:

Important: no application will be processed without all documents and information included.

- Most recent income tax return(s) or a note that you do not have to file income tax
- Most recent W-2(s)
- 2 most recent payroll slips
- Social Security Award letter (if receiving Social Security)
- 2 months of all Bank Statements
- All applications to the J for programs for which you are applying

Please note:

- **If you are a Siegel JCC member, in order to apply for financial aid, your account must be current and in good standing. If it is not, you will not be considered for aid.**
- Additional information may be requested.
- Application deadlines in printed materials must be adhered to for consideration.
- 100% Financial Aid is not available.
- No Financial Aid is available for Specialty Camps, Personal Trainings, Fitness Classes, Swimming Lessons, Lunch Bunch, Senior Center Memberships, Summer Memberships, or Corporate Memberships.
- After completed applications are received, applicants will be contacted by the J within 3 weeks.
- **Incomplete applications or poorly prepared applications will not be considered.**
- Financial Aid is not guaranteed.
- Financial Aid is based on full program prices.
- Applicants awarded Financial Aid must secure payments with a credit card or automatic withdrawal from checking account.
- **Financial Aid is for the time granted. It is the applicant's responsibility to resubmit an application for additional membership or program(s).**
- Applications may be mailed in, emailed, faxed, or dropped off to the attention of the Director of Membership.
- All Financial Aid requests and information are kept confidential.
- Financial Aid is not retroactive.

I hereby state that the information shown on this form and all supporting documentation is complete and correct to the best of my knowledge. I understand that if I accept the Financial Aid granted, I am responsible for paying all balances by the agreed upon date.

Applicant Signature _____ Date _____
Applicant Signature _____ Date _____