

# Confidential Scholarship Application

Scholarships for camps & programs are provided through the generosity of the Arnie Addison Scholarship Fund.

JCC PROGRAMS YOU NEED ASSISTANCE WITH (Please check all that apply)

- Full Center Membership    Social Membership    Day Camp  
 Other Program (please specify) \_\_\_\_\_

Name \_\_\_\_\_  Male    Female    Other   Birth Date \_\_\_\_\_

Type of Membership:  Non-Member    New Member    Renewing Member   Member # \_\_\_\_\_ Renewal Date \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell \_\_\_\_\_ Fax \_\_\_\_\_

Employer \_\_\_\_\_ Position \_\_\_\_\_

Work Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email Address \_\_\_\_\_

Length of Employment \_\_\_\_\_

Spouse/Partner Name \_\_\_\_\_  M    F    Other   Birth Date \_\_\_\_\_

Employer \_\_\_\_\_ Position \_\_\_\_\_

Work Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email Address \_\_\_\_\_

Length of Employment \_\_\_\_\_

## DEPENDENTS:

Name \_\_\_\_\_ Birth Date \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Birth Date \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Birth Date \_\_\_\_\_ Relationship \_\_\_\_\_

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INCOME SOURCES (Please list annual income before tax):

Child Support \$ \_\_\_\_\_ Alimony \$ \_\_\_\_\_ S.S.I. \$ \_\_\_\_\_  
Unemployment Comp. \$ \_\_\_\_\_ Soc. Security \$ \_\_\_\_\_ Food Stamps \$ \_\_\_\_\_  
Worker's Comp. \$ \_\_\_\_\_ Investments \$ \_\_\_\_\_ Pension \$ \_\_\_\_\_  
Salaries \$ \_\_\_\_\_ **Total Income \$ \_\_\_\_\_**

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MONTHLY EXPENSES

Please list expenses that are "unusual" for your family. This can include medical expenses, living expenses, or support that is given to family members who are not your legal dependents.

Item \_\_\_\_\_ \$ \_\_\_\_\_ Item \_\_\_\_\_ \$ \_\_\_\_\_  
Item \_\_\_\_\_ \$ \_\_\_\_\_ Item \_\_\_\_\_ \$ \_\_\_\_\_  
Item \_\_\_\_\_ \$ \_\_\_\_\_ **Total Expenses \$ \_\_\_\_\_**

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If applying for a Membership scholarship, how much are you able to pay for JCC Membership? \_\_\_\_\_

If applying for other programs, how much are you able to pay for those? \_\_\_\_\_

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ALL SCHOLARSHIP APPLICANTS, PLEASE ATTACH:

- A brief personal statement describing your need and how this JCC program or membership will benefit you.
- Membership Agreement or Program Registration form.
- Most recent Federal 1040 Tax Return
- Most recent pay or pension stub, W-2 and/or Social Security award letter

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CERTIFICATION:

The information provided herein, to the best of my knowledge, is true, accurate and complete.

Signature \_\_\_\_\_ Date \_\_\_\_\_

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DIRECTIONS:

1. Please complete and return this Scholarship Application, Personal Statement, Membership Agreement or Program Registration, and supporting documentation.
2. Mail to: APJCC Membership Office, attention Membership Services Director, 14855 Oka Road, Suite 201, Los Gatos, CA 95032. The Membership Office Telephone Number is 408.356.4973.
3. Your application will be handled with care and confidentiality. Applications are reviewed on a timely basis, and you will be notified of the outcome shortly after the review is complete.
4. Financial assistance for Membership Scholarships is reviewed on an annual basis. Please submit any reapplication prior to your membership renewal date.
5. Scholarships for programs other than Membership, will be a percentage of the cost of the program you wish to register for. If you change your program selections after receiving a scholarship, this may result in a change to the amount of your scholarship.