

**Addison-Penzak Jewish Community Center  
Of Silicon Valley  
Confidential Scholarship Application**

Please provide the following proof of income: Income Tax Return and a recent payroll or pension stub. If you have no U.S. tax history, please provide a brief description of your financial history. **This application will not be considered without the proper documentation.** Please print. Additional information or a personal statement may be attached.

Parent/Guardian 1 (preferred contact) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

How long have you lived at this address? \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Birthdate \_\_\_\_\_ Marital Status \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Work Address \_\_\_\_\_

Parent/Guardian 2 \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Work Address \_\_\_\_\_

Work Phone \_\_\_\_\_

List of Dependents	Relationship to Applicant	Birthdate
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please list the names of employed family members, either full or part-time and their gross monthly pay.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please list any other income you receive:

Rents \_\_\_\_\_ \$ \_\_\_\_\_  
Pensions \_\_\_\_\_ \$ \_\_\_\_\_  
Support Payments \_\_\_\_\_ \$ \_\_\_\_\_  
Investments \_\_\_\_\_ \$ \_\_\_\_\_  
Total Monthly Family Income From All Sources \$ \_\_\_\_\_

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

Expenses	Amount
_____	_____
_____	_____
_____	_____
_____	_____

How much aid are you requesting?

For Membership \$ \_\_\_\_\_  
For Preschool \$ \_\_\_\_\_

Please return this application with the appropriate attachments to the APJCC Preschool office. You must submit a completed Application for Admission to the APJCC Preschool before your scholarship application is considered. Your application will be handled with care and confidentiality. Applications are due by March 15, 2019. You will be notified of a decision in writing by March 29th. If you have any questions about this application, please call Cyndi Sherman, Director of Early Childhood Services at (408) 357-7408.

Please read the section below and sign.

I, the undersigned, understand that the information I provide must be accurate and verifiable. I agree to provide any additional information that the JCC reasonably requests, and to allow the JCC to make such reasonable inquiries as it deems necessary in this regard, including without limitation, to banking institutions and credit reporting agencies.

I understand that if any of the foregoing information is inaccurate, the JCC may take appropriate action at its sole discretion, including without limitation, the withdrawal of any scholarship assistance, and the suspension or revocation of my membership.

In addition, I acknowledge that in the event that my scholarship is withdrawn, but my membership privileges are still extended by the JCC, I will be expected to pay the balance of the prevailing membership fee or will forfeit my membership.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date