

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 _____

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 \$ _____**

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 \$ _____**

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? _____

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 _____

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.