

Confidential Scholarship Application

SUBMIT THIS FORM AND THE FOLLOWING DOCUMENTS TO CAROLINA SANDOVAL IN THE APJCC MEMBERSHIP OFFICE: (Please check each item to confirm that you have provided the requested documentation)

- A brief personal statement describing your need and how this JCC program or membership will benefit you.
- Most recent Federal 1040 Tax Return
- Most recent pay or pension stub, current 1099s, W-2s and Social Security award letters
- Program application and/or membership application

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.

Preschool scholarships applications for the 2020-2021 school year are due on **March 13, 2020**. Summer camp scholarship applications for the summer 2020 season are due on **April 24, 2020**. Applications for APJCC membership scholarships are reviewed on a monthly basis. Please submit any reapplication prior to your membership renewal date.

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

- Full Center Membership Social Membership Preschool Day Camp Other _____

APPLICANT INFORMATION

Name _____ Birth Date _____

Non-Member New Member Renewing Member Member # _____ Renewal Date _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell _____ Email _____

Employer _____ Position _____

Work Phone _____ Email Address _____

Length of Employment _____

Spouse/Partner _____ Birth Date _____

Home Phone _____ Cell _____ Email _____

Employer _____ Position _____

Work Phone _____ Email Address _____

Length of Employment _____

DEPENDENTS

Name	Relationship to Applicant	Birthdate	
_____	_____	_____	<input type="checkbox"/> Requesting Scholarship
_____	_____	_____	<input type="checkbox"/> Requesting Scholarship
_____	_____	_____	<input type="checkbox"/> Requesting Scholarship
_____	_____	_____	<input type="checkbox"/> Requesting Scholarship

MONTHLY HOUSEHOLD INCOME SOURCES (Please list monthly income before tax):

Salaries \$ _____ Child Support \$ _____ Spousal Support \$ _____
 Social Security \$ _____ Annuities \$ _____ Unemployment \$ _____
 Public Assistance \$ _____ Worker's Comp. \$ _____ Investments \$ _____
 Pension \$ _____ Other \$ _____

Total Monthly Income \$ _____

MONTHLY EXPENSES

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

Mortgage/Rent \$ _____ Real Estate Taxes \$ _____ Auto/Other Loans \$ _____
 Healthcare Costs (Not Paid By Insurance/Employer) \$ _____ Other Childcare \$ _____
 Groceries \$ _____ Utilities \$ _____ Other \$ _____

Total Monthly Expenses \$ _____

If applying for a Membership scholarship, how much are you able to pay monthly? _____

If applying for other programs, how much are you able to pay for those monthly? _____



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. In addition, I acknowledge that in the event that my scholarship is withdrawn, I will be expected to pay the balance of the prevailing fee.

Signature

Date