



Financial Aid Request Form

Date _____

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

***Registration forms/applications must be included with this request.**

Membership Camp Early Childhood After-School Other, please specify: _____

Have you ever applied for assistance from the JCC?

No Yes, please specify _____

Do you now, or have you ever had any unpaid charges with the JCC?

No Yes, please specify _____

Household Information

Adult # 1 Name _____ Phone _____

Adult # 2 Name _____ Phone _____

Home Address _____ City _____ State _____ Zip Code _____

Marital Status: Single Married Divorced Widowed Other: _____

Adult # 1 E-Mail Address _____ May correspondence be via Email? Yes___ No___

Occupation _____ Firm Name _____ # hours worked/week _____

Adult # 2 E-Mail Address _____ May correspondence be via Email? Yes___ No___

Occupation _____ Firm Name _____ # hours worked/week _____

Dependent Children:

Name: _____ Age: _____ Date of Birth: _____

Name: _____ Age: _____ Date of Birth: _____

Name: _____ Age: _____ Date of Birth: _____

Name: _____ Age: _____ Date of Birth: _____

Other persons living at home, but not listed above (list name, age & relationship):

Return the Following Forms with this Application

1. Copy of prior year tax forms/or a note that you were not required to file a return
2. All W2's and/or 1099's for prior year (if employed)
3. Most recent payroll stubs(s) (if employed)
4. Social Security and or pension award letter (if applicable)

IMPORTANT:

As a condition for receiving financial aid, recipients may be asked to donate 10-15 hours of volunteer service to the JCC during the course of the year (hours may be given in support of a special event or other function and will coordinate to accommodate the recipient's schedule). We will not process your application without the above documentation.

Please Note:

1. All submitted documentation will be kept in strict confidence and additional information may be requested.
2. Incomplete submissions will not be processed.
3. Upon submission and review, the applicants will be contacted by the JCC.
4. Applicants may choose to pay in full by cash, check, or credit card, or set-up a monthly payment plan.
5. Recipients paying with a payment plan **must** secure payments with a credit card or ACH withdrawal from bank account.
6. Financial Aid does not renew automatically. New forms and up-to-date documentation must be submitted annually.
7. This is a private transaction and we ask that you not publicize the aid package agreed to.

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 offered, I am responsible for paying all balances by the agreed upon date.

Applicant's Signature

Date

Please return completed form and accompanying documentation to:

Shames JCC on the Hudson
371 South Broadway, Tarrytown, NY 10591
Attn: Wendy Antini
or email to: wantini@shamesjcc.org