

2020

**Camp J Scholarship Program  
2020 Information / Criteria**

*Updated 01/1/2020*

1. **Scholarships are available on a first come/first serve basis and subject to change** at any time based upon available funding by the Camp J. Recipients will be notified prior to any increase or change and will have an opportunity to discontinue participation or pay the adjusted fee.
2. **Assistance is awarded on a calendar basis.** All recipients, regardless of the date of approval, **will expire on August 30, 2020.**
3. A new Scholarship Application Form and documentation will be required for continued financial aid each year. If an updated form is not submitted and approved, a new award will not be applied to camp.
4. **Membership and Camp J accounts must be kept current in order to qualify for continued financial aid.** Accounts that are past-due will forfeit financial assistance.
5. **All applicants must submit a 2020 Scholarship Application.** The following documentation is **REQUIRED:**
  - **2019 Federal Tax Return, Form 1040**
6. If you do not have a 2019 1040 Tax form, you may be asked to submit any or all the following for clarification. **Those requesting Financial Assistance for Camp, or requesting additional consideration based upon extenuating circumstances, MUST:**
  - Complete ADDENDUM attached to the application.
  - Submit last 2 paycheck stubs
  - Submit most recent bank statement
  - Unemployment Statement, if applicable
  - Child support documentation, if applicable
7. If you have any questions regarding Camp J or financial assistance for camp, please contact Mindye Mannel at 502-238-2708 or [mmannel@jewishlouisville.org](mailto:mmannel@jewishlouisville.org)

***Return all completed applications to: Attention: Mindye Mannel,  
Camp, Youth & Family Director  
3600 Dutchmans Lane, Louisville, KY 40205.***



# Camp J - JCC Scholarship Application

*2020*

Date \_\_\_\_\_

Scholarship Requested?  Camp  Other \_\_\_\_\_

New Membership?  Yes  No

Jewish?  Yes  No

**Type of Membership @ JCC**

- Individual 18 – 29     2-Adults 18 - 29     Single Parent 18 - 29     Family 18 – 29
- Individual 30 - 64     2-Adults 30 - 64     Single Parent 30 - 64     Family 30 - 64
- Individual 65+     2-Adults 65+

**Applicant:**

Name \_\_\_\_\_  M  F Birth Date \_\_\_\_\_

Marital Status:  Married/Partner  Single  Divorced  Widowed  Separated

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Alternate Phone \_\_\_\_\_ E-mail Address \_\_\_\_\_

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

Work Phone \_\_\_\_\_ E-mail Address \_\_\_\_\_

Length of Employment \_\_\_\_\_ Annual Salary \_\_\_\_\_ Monthly Gross \_\_\_\_\_

**Co-Applicant:**

Name \_\_\_\_\_  M  F Birth Date \_\_\_\_\_

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

Work Phone \_\_\_\_\_ E-mail Address \_\_\_\_\_

Length of Employment \_\_\_\_\_ Annual Salary \_\_\_\_\_ Monthly Gross \_\_\_\_\_

**Additional Dependents – Living at the SAME ADDRESS** (Continue on back if necessary)



Name \_\_\_\_\_ Birth Date \_\_\_\_\_ Age \_\_\_\_\_

Name \_\_\_\_\_ Birth Date \_\_\_\_\_ Age \_\_\_\_\_

Name \_\_\_\_\_ Birth Date \_\_\_\_\_ Age \_\_\_\_\_

Name \_\_\_\_\_ Birth Date \_\_\_\_\_ Age \_\_\_\_\_

Name \_\_\_\_\_ Birth Date \_\_\_\_\_ Age \_\_\_\_\_

**Please verify the following:**

- A completed Form 1040, 2019 Federal Tax Return (or current Social Security Award Letter) is attached.
- Amount I can pay \_\_\_\_\_ for camp, per week.
- The information provided herein, to the best of my knowledge, is true, accurate, complete and that none of the information has been falsified in any way.
- I understand that my assistance will expire, and a new Scholarship application is due on or before February 2021.
- I understand failure to keep all payments current will forfeit financial assistance and require that I reapply.

**Applicant's Name** \_\_\_\_\_

**Applicant's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Co-Applicant's Name** \_\_\_\_\_

**Co-Applicant's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_



**2020**

**CONFIDENTIALITY RELEASE FORM**

**RELEASE OF INFORMATION**

I give my permission for the staff of the Jewish Community Center (JCC) and the Jewish Family and Career Services (JFCS) to share confidential information regarding my application for financial assistance.

This release is in effect until April 2021

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Co- Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

*Return all completed applications to: Camp J - JCC  
3600 Dutchmans Lane, Louisville, KY 40205*



# ADDENDUM

2020

Scholarships awarded based upon the information provided. All applicants are asked to submit all the following for clarification. Applicants requesting Financial Aid for camp MUST complete the following application and submit the additional items listed below:

## Monthly Household Income:

### Applicant

Annual Salary \_\_\_\_\_

Social Security/Pension \_\_\_\_\_

Alimony/Child Support \_\_\_\_\_

Interest/Dividends \_\_\_\_\_

Unemployment \_\_\_\_\_

Other Income \_\_\_\_\_

Total Monthly Income \_\_\_\_\_

### Co-Applicant

Annual Salary \_\_\_\_\_

Social Security/Pension \_\_\_\_\_

Alimony/Child Support \_\_\_\_\_

Interest/Dividends \_\_\_\_\_

Unemployment \_\_\_\_\_

Other Income \_\_\_\_\_

Total Monthly Income \_\_\_\_\_

## Monthly Household Expenses:

Mortgage/Rent \_\_\_\_\_

Car/Transportation \_\_\_\_\_

Food/Clothing \_\_\_\_\_

Loans \_\_\_\_\_

School Year Child Care \_\_\_\_\_

Other Expenses \_\_\_\_\_

Total Monthly Expenses \_\_\_\_\_

Value of Home \_\_\_\_\_

### Cars

Model \_\_\_\_\_ Year \_\_\_\_\_

Utilities \_\_\_\_\_

Insurance \_\_\_\_\_

Medical Expenses \_\_\_\_\_

Credit Cards \_\_\_\_\_

Private School Fees \_\_\_\_\_

Model \_\_\_\_\_ Year \_\_\_\_\_

Please describe any extenuating circumstances that should be considered (attach additional pages if necessary)

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**Please verify the following:**

- Last 2 paycheck stubs are attached**
  
- Most recent bank statement is attached**
  
- Unemployment Statement, if applicable**
  
- Child Support documentation, if applicable**