



# Membership / Camp Scholarship Application

**2017-18**

Date \_\_\_\_\_

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

New Membership?  Yes  No

Jewish?  Yes  No

## Type of Membership

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 \_\_\_\_\_

**Please verify the following:**

- A completed Form 1040, 2016 Federal Tax Return (or current Social Security Award Letter) is attached for every Adult (25 and over) included in the household.
  
- Amount I am able to pay is \_\_\_\_\_ for Membership, per month.
  
- 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 membership will expire and a new Scholarship application is due on or before April 30, 2018.
  
- 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** \_\_\_\_\_



**2017-18**

**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 30, 2018

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

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

***Return all completed applications to: JCC of Louisville, Attention: Membership Department,  
3600 Dutchmans Lane, Louisville, KY 40205. Or FAX: 502-459-6885***



# ADDENDUM

**2017-18**

Scholarships may be awarded for Membership based upon the information provided on the previous pages. All applicants may be asked to submit any or all of the following for clarification. Applicants requesting Financial Aid for camp, or requesting additional consideration based upon extenuating circumstances MUST complete the following application and submit the additional items listed below:

### Monthly Household Income:

#### Applicant

#### Co-Applicant

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

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

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

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

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

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

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

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

Unemployment \_\_\_\_\_

Unemployment \_\_\_\_\_

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

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

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

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

### Monthly Household Expenses:

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

Utilities \_\_\_\_\_

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

Insurance \_\_\_\_\_

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

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

Loans \_\_\_\_\_

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

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

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

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

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

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

#### Cars

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

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 pay check stubs are attached for every Adult (25 and over) included in the household.
- Most recent bank statement is attached for every Adult (25 and over) included in the household.
- Unemployment Statement, if applicable.
- Child Support documentation, if applicable.