



APPLICATION FOR SCHOLARSHIP

3600 Dutchman's Lane • Louisville, KY • 40205 • Tel (502) 459-0660 • Fax (502)459-6885

Information/Criteria

- Scholarships are available on a first come/first serve basis and subject to change at anytime based upon available funding by the JCC.** Recipients will be notified prior to any increase or change and will have an opportunity to discontinue participation or pay the adjusted fee.
- Assistance is awarded on an annual basis. All awards are subject to re-evaluation and renewal 12 months after the membership start date.
- Awards issued through from the Camp Office are valid through August each year. The Camp office may need supplemental information depending on the time that your scholarship renewal falls within the year.
- A new Scholarship Application Form and documentation will be required for continued financial aid after your current award expires. If an updated form is not submitted and approved, all Scholarship will be canceled **after 12 months.**
- Accounts must be kept current in order to qualify for continued financial aid.** Accounts that are past due will forfeit financial assistance and the recipients will have to reapply.
- All applicants must submit a Scholarship Application.** The following documentation is **REQUIRED** from all adults (25 and over) in the household:
 - **Most Recent Federal Tax Return, Form 1040**
 - **OR**
 - **Most Recent Social Security Award Letter (issued in 2022)**
- If you do not have a 1040 Tax form or this document no longer accurately represents your financial situation and you do not have Social Security Award Letter, you may be asked to submit any or all of 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 2 months of paycheck stubs, if applicable
 - Submit prior 3 months of bank statements –
 - Unemployment Statement, if applicable –
 - Child support documentation, if applicable
- Applications will be reviewed after all required documentation has been submitted and applicants will be notified of the award **within 30 business days.**
- Please note that if this application is being submitted to renew an existing membership and the awarded discount is equal to or greater than the previous year, you will be notified of this and the membership will be automatically extended without confirmation from the scholarship recipient.**

If you have any questions, please contact the Membership Dept. (502)238-2721.

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

Membership/ Camp Scholarship Application

Date: _____

Scholarship Requested:
(Check all that Apply)

Membership Camp Other

Have you been economically Impacted by Covid-19*?

Yes No *If checked "yes" please fill out the Addendum

Are You Jewish?

Yes No

Membership Options

All memberships are based on household

Under 30 Membership (Age 18 -29)	Adult Membership (Age 30 – 64)	Senior Membership (Age 65+)
<input type="checkbox"/> Individual	<input type="checkbox"/> Individual	<input type="checkbox"/> Individual
<input type="checkbox"/> Two Adult	<input type="checkbox"/> Two Adult	<input type="checkbox"/> Two Adult
<input type="checkbox"/> Single Parent	<input type="checkbox"/> Single Parent	
<input type="checkbox"/> Family	<input type="checkbox"/> Family	

Primary Applicant – Please Print

Dr. Mr. Mrs. Ms. Mx. Preferred Pronouns (optional): _____/_____

Name: _____ Email: _____

Home Address: _____ City: _____

Cell Phone: _____ Home Phone: _____ Date of Birth: _____

Relationship Status: Married Single Domestic Partnership Other: _____

Employer: _____ Occupation/Title: _____

Religion (optional): _____ *Synagogue Affiliation (if applicable):* _____

Emergency Contact: _____ Phone: _____ Relationship: _____

Co-Applicant – Please Print

Dr. Mr. Mrs. Ms. Mx. Preferred Pronouns (optional): _____/_____

Name: _____ Email: _____

Cell Phone: _____ Home Phone: _____

Relationship to primary applicant: _____ Date of Birth: _____

Employer: _____ Occupation/Title: _____

Religion (optional): _____ *Synagogue Affiliation (if applicable):* _____

Emergency Contact: _____ Phone: _____ Relationship: _____

Additional Members in Household on the Membership

Included on Membership	Name (Last name if different from Applicant)	Date of Birth	Gender	Relationship to Applicant	Religion (optional)
Yes/ No	_____	_____	M / F / NB	_____	_____
Yes / No	_____	_____	M / F / NB	_____	_____
Yes/ No	_____	_____	M / F / NB	_____	_____
Yes / No	_____	_____	M / F / NB	_____	_____
Yes / No	_____	_____	M / F / NB	_____	_____
Yes / No	_____	_____	M / F / NB	_____	_____

Other Information:

- How did you hear about the JCC?** Internet Current/Past Member Direct Mail Newspaper
 Drove By Email Radio Corporate Referral Promotion Other JCC Programming

Please Verify the Following:

- A completed Form, most recent 1040 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 12 months after the start of the membership and will require renewal.

- 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 _____

**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.

Applicant's Signature _____ Date _____

Co-Applicant's Signature _____ Date _____

Membership Rules and Regulations

In order for everyone to derive full enjoyment from The J, the following rules and regulations have been established. Any violation of The J rules and regulations may result in loss of privileges and/or termination of membership.

- The membership card issued to you is your official The J identification. It is nontransferable and must be carried with you at all times. You must use your membership card to check-in at the Welcome Desk and at the Health and Wellness Desk every time you enter the facility. **If you do not have your membership card, you will be asked to show a valid photo ID.** Your membership card must be shown for identification upon request of any The J staff member. Lost or stolen cards must be reported immediately to The J membership office. A Replacement card will be issued. The card holder is entitled to guest privileges in any other Jewish Community Center, YM or YWHA affiliated with the JCC Association. The privileges are subject to the rules and regulations of the participating Center.
- Membership to The J includes an automatic subscription to the *Community Newspaper*.
- By providing your e-mail address, you are automatically subscribed to The J e- News and JCL Community Update. It is understood that The J and Jewish Community of Louisville (JCL) may send you periodic information on programs and events via e-mail. The J will keep your e-mail address private and not sell or share it with any outside vendor.
- All membership rates are subject to change with 15 days written notice.
- The J may videotape or photograph participants enrolled in programs, classes, and/or while enjoying The J facilities. These photographs are for The J publications, flyers, publicity efforts, brochures, web use, other electronic communications or video usage. All photos and videos are for The J use and become the sole property of The J.
- In consideration of being permitted to utilize The J, the user for itself, user's family members, next of kin, employees, agents, representatives, heirs and assignees (referred to as User or User's) does hereby release, wave and discharge The J, its directors, officers, employees and agents from all liability, including bodily injury, death, loss or damage, from any claim or demands whether caused by the negligence of the User's or otherwise while the Users are in, upon or about the premises including use of any facilities or equipment therein. Further, the User's agree to indemnify, defend, save and hold harmless The J from any loss, liability, damage or cost they may incur at or away from The J, including but not limited to use of equipment or facilities, regardless of whether such harm is caused by the sole or partial fault of the User's.
- If a member's use of The J is considered to be of considerable risk to their health or safety, or to the health or safety of other J members, a health care professional medical release form may be required by JCL senior management of the individual to continue to utilize The J and its services. Failure to provide said medical release form could result in the suspension or cancellation of J membership.
- Members will abide by The J Membership Code of Conduct. Suspension or termination of Membership Privileges may result if a violation has occurred. Copies are available at the membership desk.

Cancellation Policy

- Membership to The J is based on a twelve (12) month commitment calculated from the date of enrollment. After 12 months, you will be automatically renewed indefinitely until a membership cancellation form has been received. Members must provide the membership office with 30 days written notice of all cancellations.
- New members have 30 days from the date of enrollment to cancel their membership without penalty. Refunds for these cancellations will be processed minus any applicable pro-rated fees. After the initial 30-day period, a \$150 cancellation fee will be charged if you cancel your membership within the first 12 months from the date of enrollment.
- **Exceptions:** A member may cancel their membership within the first twelve (12) months of enrollment without penalty for the following reasons:
 - If upon a doctor's order, due to a medical condition, you can no longer participate in services offered at the Center.
 - If you move more than twenty-five (25) miles from your current residence or fifty (50) miles from the Center, whichever is greater.
 - In the event of death, the member's estate shall be relieved of any further obligation for payment.

The Center may require reasonable evidence for any of the reasons for cancellation.

The J will issue **NO REFUNDS** for membership fees. Cancelling at any time before the end of the contract for any reason other than those stated above will result in a \$150 Fee

Payment Authorization

- I do hereby make formal application for membership at the Jewish Community Center of Louisville. The term of this membership is 12 months payable by electronic fund transfer (EFT/Credit Card) and is subject to the rules and regulations as stated in The J Membership Agreement I hereby authorize the Jewish Community Center to initiate an EFT/Credit Card from my below mentioned account. I understand the Center will give me a minimum of 15 days written notice if the monthly charge amount should change. It is my responsibility to maintain sufficient funds in the above account to cover the debit or fees from my financial institution may be applicable. **I understand that this authorization will remain in effect until a membership cancellation form has been received. I understand I must provide the membership office with 30 days written notice of cancellation in the event I no longer wish to maintain my membership. I also understand that this agreement will renew automatically for succeeding terms unless a cancellation form is received by the first of the month.** I agree to abide by the rules and by-laws of the Center and acknowledge to the best of my ability that all information on the membership application is correct and that my membership is not transferable. It is assumed that if the front of this document is completed and the document is unsigned, the applicant is agreeing to the Membership Agreement and is authorizing the EFT/Credit Card option. It is also assumed that the co-applicant and sub-members are also agreeing to the membership agreement by proxy of the applicant's signature.
- I/We do here by attest that I/We have read and fully understand the rules and regulations, Cancellation Policy, and Code of Conduct to The J and acknowledge to the best of my/our ability that all information on this membership application is correct and that my/our membership is not transferrable
- X _____ Date: _____

If you are a returning or pre-existing member and have up to date billing information on file, you can omit the below information and check the following box

- Billing Information on file from my existing membership is valid

Checking Account

Financial Institution: _____

Routing Number: _____

Account Number: _____

Name on Account: _____

Credit Card (VISA Mastercard Discover AMEX

Credit Card Number: _____ - _____ - _____ - _____

Expiration Date: _____ / _____ CVV: _____

Name on Card: _____

Addendum

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

Primary 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 _____	Loans _____
Utilities _____	Credit Cards _____
Car/Transportation _____	School Year Child Care _____
Insurance _____	Private School Fees _____
Food/Clothing _____	Other Expenses _____
Medical Expenses _____	
	Total Monthly Expenses \$ _____

Additional Information

Value of Home: \$ _____	Vehicles in Household:
	Model _____ Year _____
	Model _____ Year _____

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

In the past Year, have you experienced job loss or reduction in hours? (If yes, what percentage of monthly income was lost? What is your outlook on returning to work?)

Yes* No *If yes please explain

Have you incurred new or increased monthly expenses as a result of Covid-19?

Yes* No *If yes please explain

Please Verify the Following

- Last 3 month worth of paycheck stubs are attached for every Adult (25 and over) included in the household, if applicable
- Bank statements for the past 3 months is attached for every Adult (25 and over) included in the household.
- Unemployment Statement, if applicable.
- Child Support documentation, if applicable

I/We do here by attest and acknowledge to the best of my/our ability that all information on this membership application and written within the addendum if applicable is correct and that my/our membership and scholarship award is not transferrable

X _____ DATE: _____

