



Application for Financial Assistance

For: Membership _____ Kids Connection _____ Camp _____

Parent1 Name: _____
 Address: _____ City: _____ Zip: _____
 Phone 1: _____ Phone 2: _____
 Place of Employment: _____
 Religion: _____ Synagogue affiliation: _____
 Marital Status: Married Single Divorced Widowed

Parent2 Name: _____
 Address (if different from above): _____ City: _____ Zip: _____
 Phone 1: _____ Phone 2: _____
 Place of Employment: _____
 Religion: _____ Synagogue affiliation: _____

Children's Names (list all dependent children in family)	DOB	Grade in School Sept. 11
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

Salary (required):	Average # Hours Worked Per Week:
Parent1 Monthly Gross: \$ _____	Parent1: _____
Parent2 Monthly Gross: \$ _____	Parent2: _____

Other Sources of Income (required):	Pay Frequency: (Check One)	Parent1	Parent2
<input type="checkbox"/> Child Support \$ _____	Weekly	_____	_____
<input type="checkbox"/> Alimony \$ _____	Bi-weekly	_____	_____
<input type="checkbox"/> Military Housing Allowance \$ _____	Monthly	_____	_____
<input type="checkbox"/> Unemployment \$ _____	Bi-monthly	_____	_____
<input type="checkbox"/> Workman's Comp \$ _____			
<input type="checkbox"/> Interest/dividends \$ _____			
<input type="checkbox"/> Social Security \$ _____			
<input type="checkbox"/> Pensions \$ _____			
<input type="checkbox"/> Aid to Dependent Children \$ _____			
<input type="checkbox"/> Other \$ _____			
TOTAL INCOME \$ _____			

Please Note: Applications for Financial Assistance must be accompanied by appropriate program registration form or membership application, two (2) most recent pay stubs and a copy of last year's income tax Form 1040/1040A. Consideration for financial assistance may be delayed without the required documents.

If there are extraordinary circumstances in your financial situation which you feel would be helpful to us in making a determination of an adjusted fee, please state here (use back of page if necessary):

I declare that the information provided herein, to the best of my knowledge, is true, correct and complete.

 (Signed)

 (Date)

For JCC Use Only:
 Date Received: _____
 Mbr. #: _____
 Amount Approved: _____
 Effective Date: _____
 Backup documents attached: _____
 Information Verified by JCC Director: _____
 CSA Initials: _____