

REQUEST FOR FINANCIAL ASSISTANCE

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

- Membership
 Early Learning Center
 Before-/After-School Program
 Camp

Adult 1 Name _____
Home Address _____ **City** _____ **State** ____ **Zip Code** _____
E-mail Address _____ **Phone Number** _____
Occupation _____ **Employer** _____ **Phone** _____

Adult 2 Name _____
Email Address _____ **Occupation** _____
Employer _____

Marital Status

- Married
 Single
 Divorced
 Widowed

Dependent Children

(1) _____ **Age** _____ **School** _____
 (2) _____ **Age** _____ **School** _____
 (3) _____ **Age** _____ **School** _____
 (4) _____ **Age** _____ **School** _____

Please list any other people living at home that are dependent, but not listed above (list name, age and relationship).

INCOME	ADULT 1	ADULT 2
Annual Wages	\$ _____	\$ _____
Other Income Sources*	\$ _____	\$ _____

*"Other Income" sources should include, but are not limited to, child support, maintenance, social security, disability, pensions, dividends, rents, support from relatives.

EXPENSES		
Monthly Expenses*	\$ _____	\$ _____
Debts**	\$ _____	\$ _____

*Monthly expenses should include monthly housing, utilities, auto, and child support or maintenance payments.

**Debts should include, but are not limited to, payments towards credit cards, bank loans, school loans, medical/dental, and childcare.

INCOME VERIFICATION: As proof of family or household income, please attach the first two pages of your most recent Federal Tax Return for all household members who contribute to your support. If on unemployment or disability, please include the determination letter sent to you by the agency granting you the funds. No application will be processed without all required documents and information included.

Are you currently receiving financial assistance from any other organization/agency? Yes____ No____

If yes, what organization(s) _____

Do you now or have you ever had any unpaid charges with the Springfield Jewish Community Center? Yes No

Describe the circumstances around your situation and need for support and/or assistance. Be as specific as possible for Springfield JCC to understand your situation.

Amount you are able to pay per month for each program:

\$ _____ for _____ \$ _____ for _____ \$ _____ for _____

PLEASE READ AND SIGN:

1. All materials will be kept in strict confidence. Additional information may be requested.
2. Incomplete applications cannot be considered; all information must be completed for consideration.
3. Applicants should be contacted by the Springfield JCC within approximately three weeks of application submission.
4. Applicants may choose to pay by in full or set-up debit / credit card as a payment plan.
5. All financial assistance recipients paying with a payment plan *must* secure payments with automatic withdrawal from a checking account or a credit card.
6. Financial assistance does not renew automatically. New documents must be submitted each year.

I hereby state that the information shown on this form is complete and correct. I understand that if I accept the financial assistance offered, I am responsible for paying all balances by the agreed upon date.

Applicant's Signature

Date

IMPORTANT: Springfield JCC may request additional information over the course of processing your application.