



SPRINGFIELD JCC CONFIDENTIAL SCHOLARSHIP APPLICATION

This application must be filled out COMPLETELY in order to be considered for a scholarship.

Date: _____

FAMILY INFORMATION (NOTE: All family members living in the same household must be listed.)

Applicant's Last Name: _____ Applicant's First Name: _____

Spouse/Partner's Last Name: _____ First Name: _____

Address: _____ City,State,Zip: _____

Home Phone: _____ Cell Phone: _____ Work _____

Marital Status: _____ Email address: _____

Children and/or other dependents

Name	Age	School	Name	Age	School
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

EMPLOYMENT, INCOME, AND MEANS OF SUPPORT (NOTE: All people living in the household must be listed.)

Employment information is required for ALL people living in your household. If unemployed, write n/a.	EMPLOYER	EMPLOYER ADDRESS	GROSS ANNUAL INCOME
Applicant	_____	_____	_____
Spouse/Partner	_____	_____	_____
Other Adults Contributing to the Household	_____	_____	_____

OTHER SOURCES:

Please provide all additional income sources and amounts used by you and your family during the past 12 months.

Please write n/a for any item that does not apply to you or your household.

Child Support Received	\$ _____	Non-Taxable Income	\$ _____
Alimony	\$ _____	Gifts from Family or Friends	\$ _____
Loans from Family	\$ _____	Housing Assistance	\$ _____
Loans from Friends	\$ _____	Student Loans *	\$ _____
Use of personal savings and investments	\$ _____	Public Assistance (welfare, food stamps, AHCCCS, etc.) *	\$ _____
Social Security Income (for all Members of household) *	\$ _____	* Please provide documentation	
Other (please explain)	\$ _____	TOTAL INCOME	\$ _____

OTHER ASSETS (Please identify and list amounts) such as cash (checking, savings, money market, investment accounts), equity in real estate other than one personal residence, investments other than retirement plans, and value of business if self-employed:

Continued →

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EXPENSES (Monthly)

Child Support Paid Out:	\$ _____	Utilities:	\$ _____	Cell Phone:	\$ _____
Alimony	\$ _____	Car Payment:	\$ _____	Cable/Internet:	\$ _____
House/Rent Payment:	\$ _____	Credit Card Payments:	\$ _____	Student Loan Payments:	\$ _____
Insurance Payments:	\$ _____	Groceries:	\$ _____	Other:	\$ _____
Medical Expenses (including medical insurance payments):	\$ _____				
Other Unusual Expenses (please be specific):	\$ _____				

TOTAL EXPENSES: \$ _____

Verification - As proof of family or household income, please attach a copy of the most recent 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.

PROGRAMS AND SERVICES FOR WHICH YOU MAY REQUEST FINANCIAL AID.

Scholarship For:	Membership	Camp	Early Childhood	Kids Space/CAP	Other _____
AMOUNT YOU ARE ABLE TO PAY:	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____

PLEASE READ AND SIGN:

Scholarships are not a form of discount, but are financial assistance based on income and expenses. Scholarships are not renewed automatically and application must be filed annually. I hereby state that the information shown here is accurate and I agree to fulfill the agreement and payment responsibilities as note on this form. I also understand I must contact the JCC if my financial situation changes during the course of this contract. Submitting false information or omitting income as well as failure to make payments as detailed below will cause suspension of services.

Signature: _____ Date: _____

INCOMPLETE APPLICATIONS WILL BE RETURNED & MAY DELAY A SCHOLARSHIP DETERMINATION.

FOR OFFICE USE ONLY BELOW

	BEG DATE	END DATE	TOTAL REGULAR FEE	TOTAL DISCOUNTS	TOTAL SCHOLARSHIP	TOTAL AMOUNT DUE	MONTHLY PAYMENT
Membership							
ECDP							
CAMP							
KIDS SPACE							
OTHER							

Comments: _____

Approved by: _____ Date: _____