

# Request for Financial Aid



Arthur M. Glick JCC  
Indianapolis

Form must be filled out completely to be considered. Information submitted is completely confidential.

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

- Membership (select category to right)
- Early Childhood / Pre-school
- Traditional Day Camp and/or Pre-/Post-camp and/or Extended Care
- After School Care (school age)
- I am currently receiving financial aid from the J
- I have previously applied for financial aid at the J

### Membership Category

- Family
- Single Parent Family
- Adult
- Young Adult / Student
- Couple
- Senior Couple
- Senior Adult

### Adult #1 in Household

First Name \_\_\_\_\_ Last Name \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Email Address \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Occupation \_\_\_\_\_ Place of Business \_\_\_\_\_  Full Time  Part Time

### Adult #2 in Household (and/or responsible party)

First Name \_\_\_\_\_ Last Name \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Email Address \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Occupation \_\_\_\_\_ Place of Business \_\_\_\_\_  Full Time  Part Time

### Dependents in Household

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Relationship to Applicant \_\_\_\_\_  
Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Relationship to Applicant \_\_\_\_\_  
Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Relationship to Applicant \_\_\_\_\_  
Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Relationship to Applicant \_\_\_\_\_

### Income and Assets

	Adult #1	Adult #2
Annual Wages, Salary, etc.	\$ _____	\$ _____
Annual Anticipated Bonus/Commission	\$ _____	\$ _____
Monthly Child Support Received	\$ _____	\$ _____
Monthly Alimony Received	\$ _____	\$ _____
Unearned Income (pension, dividends)	\$ _____	\$ _____
Income from other sources (gifts, rent)	\$ _____	\$ _____
SSI	\$ _____	\$ _____
Disability	\$ _____	\$ _____

### Monthly Expenses

Monthly Housing Payments <input type="checkbox"/> Mortgage <input type="checkbox"/> Rent	\$ _____	\$ _____
Monthly Car Payment(s)	\$ _____	\$ _____
Type & Year of Car(s)	\$ _____	\$ _____
Monthly Child Support Payment	\$ _____	\$ _____
Monthly Alimony Payment	\$ _____	\$ _____

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Other

Are you currently receiving financial aid from any other agency, institution, etc.?  Yes  No

Explain \_\_\_\_\_

Describe any extraordinary expenses or special circumstances, including anticipated duration of circumstances.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How long do you anticipate needing financial assistance? \_\_\_\_\_

Describe how you will become involved at the J and the community.

\_\_\_\_\_  
\_\_\_\_\_

Amount you can afford to pay per month for each program:

\$ \_\_\_\_\_ for \_\_\_\_\_, \$ \_\_\_\_\_ for \_\_\_\_\_, \$ \_\_\_\_\_ for \_\_\_\_\_

For Early Childhood and Day Camp, are you willing to continue making payment after the program is completed if it will allow for lower payments in the program?  Yes  No

Return the following forms with this application:

**IMPORTANT: No application will be processed without all documents and information included.**

- Most recent income tax return(s) or a note that you do not have to file income tax
- Most recent W-2(s)
- Two most recent payroll slips
- Social Security Award letter (if receiving Social Security)
- All applications to the JCC for programs for which you are applying

Please note:

- If you are a JCC member, in order to apply for financial aid, your account must be current and in good standing. If it is not, you will not be considered for aid.
- Additional information may be requested.
- Application deadlines in printed materials must be adhered to for consideration.
- 100% Financial Aid is not available.
- No Financial Aid is available for Specialty Camps, Personal Services, Fitness Classes, Swimming Lessons, Prime Memberships, Summer Memberships, Corporate Memberships or any other discounted category.
- After completed applications are received, applicants will be contacted by the J within 3 weeks.
- Incomplete applications or poorly prepared applications will not be considered.
- Financial Aid is not guaranteed.
- Financial Aid is based on full program prices.
- Applicants awarded Financial Aid must secure payments with a credit card or automatic withdrawal from checking account.
- Financial Aid is for the time granted. It is the applicant's responsibility to resubmit an application for additional membership or program(s).
- Applications may be mailed in, emailed, faxed, or dropped off to the attention of the Director of Membership.
- All Financial Aid requests and information are kept confidential.
- Financial Aid is not retroactive.

I hereby state that the information shown on this form and all supporting documentation is complete and correct to the best of my knowledge. I understand that if I accept the Financial Aid granted, I am responsible for paying all balances by the agreed upon date.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_