

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
(NOTE: Day Camp applications are due by April 1.)
- After School Care (school age)
- BBYO
- Swim lessons (children ages 3-5)
- I am currently receiving financial aid from the J
- I have previously applied for financial aid at the J

Membership Category

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

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	\$ _____	\$ _____

Other

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

Explain _____

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Other (cont.)

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 _____

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)*

*If taxes have not filed within the past two years, please call the IRS at 1-800-829-1040 and request a "Verification of Non-Filing Letter." This document must be submitted with the scholarship application if an IRS form 1040 cannot be provided.

Most recent W-2(s)

Two most recent payroll slips

Verification of government benefits (Social Security, unemployment, food stamps/SNAP, etc.)

All applications to the JCC for programs for which you are applying

NOTE: Proof of total household income must be provided. Please provide indicated documents for all earning adults in the household.

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 (except as otherwise noted), 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, faxed, or dropped off to the attention of the Scholarship Committee. Emailed requests should be sent to scholarships@JCCindy.org.
- 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 _____