

# 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  
(NOTE: Day Camp applications are due by May 1.)
- After School Care (school age)
- BBYO  Maccabi
- Group Swim Lessons – Youth  Karate  Tae Kwon Do  Dance

### Membership Category

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

### Check all that apply:

- I am currently receiving financial aid from the J
- I have previously applied for financial aid at the J

### 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 \_\_\_\_\_



Arthur M. Glick JCC  
Indianapolis

6701 Hoover Road  
Indianapolis, IN 46260

317-251-9467  
JCCindy.org

The JCC is a non-profit affiliated agency of the Jewish Federation of Greater Indianapolis, Inc., the United Way of Central Indiana and the Jewish Community Centers Association of North America.

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## Other (cont.)

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

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

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 (a maximum of 12 months). 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](mailto: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 \_\_\_\_\_