



FOR OFFICE USE ONLY
Membership # _____
Date Received _____

# Financial Assistance Application

The goal of the financial assistance program of the New Orleans JCC is to institute a procedure of awarding financial assistance that provides for the fair and equitable distribution of available funds while also providing for the confidentiality and dignity of the person applying for funds **This application must be completed in full to be considered for financial assistance.**

**I am interested in financial assistance for (check all that apply):**

- Membership**     Silver 1 Adult    Silver 2 Adult    Silver 1 Adult & Children    Silver 2 Adults & Children  
**Nursery School**     7:30 AM - 9:00 AM    9:00 AM - Noon    9:00 AM - 2:45 PM    9:00 AM - 5:30 PM  
**Summer Day Camp**    9:00 AM - 3:30 PM   \_\_\_\_\_ # of weeks

Have you already registered for the program for which you are seeking assistance?    Yes    No  
*All necessary program registration forms and deposits must be turned in prior to requesting financial assistance.*

Have you previously received discounts for any of these programs?    Yes    No

What amount do you expect to be able to pay per month for all services and programs? \$ \_\_\_\_\_  
*If eligible for assistance, financial aid will not exceed 50% of the regular program fees.*

- Marital Status    Married    Divorced    Widowed    Separated    Single  
 Religious Affiliation    Jewish    Not Jewish

**ADULT # 1/PRIMARY BILLING INFO**

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 Cell Phone \_\_\_\_\_ Email Address \_\_\_\_\_  
 Occupation/Title \_\_\_\_\_ Years at Job \_\_\_\_\_  
 Employer \_\_\_\_\_ Hours per week \_\_\_\_\_ Salary \_\_\_\_\_  
*If unemployed, please answer the following:*  
 Ending Date of Last job \_\_\_\_\_ Reason for not working \_\_\_\_\_

**ADULT # 2**

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 Cell Phone \_\_\_\_\_ Email Address \_\_\_\_\_  
 Occupation/Title \_\_\_\_\_ Years at Job \_\_\_\_\_  
 Employer \_\_\_\_\_ Hours per week \_\_\_\_\_ Salary \_\_\_\_\_  
*If unemployed, please answer the following:*  
 Ending Date of Last job \_\_\_\_\_ Reason for not working \_\_\_\_\_

Please list children and other dependents

Name	Date of Birth	School Attending	Grade
1.			
2.			
3.			
4.			

**ASSETS**

Automobiles

Own    Lease   Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_ Payment \$ \_\_\_\_\_ Balance \$ \_\_\_\_\_  
 Own    Lease   Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_ Payment \$ \_\_\_\_\_ Balance \$ \_\_\_\_\_

Bank Accounts: List all bank/money market/CD's/brokerage accounts

Financial Institution	Type of Account	Amount
1.		
2.		
3.		
4.		

Real Estate Holdings

	Year of Purchase	Purchase Price	Current Value	Mortgage Balance
Home				
Other				
Other				

**MONTHLY INCOME SOURCE (GROSS)**

	ADULT #1	ADULT #2
Salary and/or business income		
Child Support		
Alimony		
Social Security/Gov. Assistance		
Disability, Workers Comp, Insurance Claims		
Interests, Dividends, Pensions, Rental Income		
Retirement/Pensions/Annuity Income		
Trusts, Dividends, Partnerships, S-Corps		
Other (Overtime, Bonuses, Commission, Gifts)		
<b>TOTAL INCOME</b>		

If ADULT #2 information is not provided, please explain \_\_\_\_\_

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

**MONTHLY EXPENSES**

	ADULT #1	ADULT #2
Rent or Mortgage (per month)		
Maintenance/Association fees		
Gas / Electric / Water		
Phone/Internet/Cable		
Car Insurance		
Health Insurance		
Medical Expenses (Out of Pocket)		
Educational Loan		
Child Care/Tuition (outside of JCC)		
Car Payments		
Housekeeping		
Credit Card Payments		
Synagogue/Church dues		
Other:		
<b>TOTAL MONTHLY EXPENSES</b>		
<b>TOTAL CREDIT CARD DEBT</b>		

Explain extraordinary expenses/debts (If more space is needed, attach an additional sheet.)

\_\_\_\_\_

Have you taken a vacation this year?  No  Yes, where? \_\_\_\_\_

Are you applying for additional scholarships? If so, please list \_\_\_\_\_

\_\_\_\_\_

The following information is required with this application. **Applications are not processed until all supporting documents have been received.** Scholarship applications must be re-submitted annually.

- PDF of last filed tax return (including all forms and schedules)
- Most current W2's and/or 1099 forms
- Copy of most recent paystubs. If unemployed, copies of forms indicating sources of income
- Copy of bills/verification of expenses (mortgage, rent, loan, child support, alimony)
- Copy of all bank statements
- A personal statement indicating how you and/or your family would benefit from receiving financial assistance from the JCC. Please be specific and include mention of any special circumstances impacting your need for financial assistance

For questions or to submit completed applications, contact:

uptownaid@nojcc.org (Uptown) - Rachel Ruth & Rachel Zoller

metairieaid@nojcc.org (Metairie) - Wendy Goldberg

*I hereby state that the information shown on this form and all supporting documentation is accurate. I agree to file a new application immediately upon any change in circumstances. I understand that failure to do so may result in a loss of scholarship funds. I also understand that it is my responsibility to make payments when payments are due. Failure to do so may result in losing my membership or position in a program.*

Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_