



# Kaiserman JCC Scholarship Aid Form

Kaiserman JCC, 45 Haverford Rd, Wynnewood, PA 19096

Thank you for your interest in the Kaiserman JCC. We are pleased to accept your request for a scholarship.

This application is to be completed in full and the required supporting documents attached. The information in the application will be held as strictly confidential.

When complete, please submit to:

Amy Krulik, CEO  
[akrulik@phillyjcc.com](mailto:akrulik@phillyjcc.com)  
(610) 896-7770 x 101

Amy Foster, Preschool Director  
(if you are registering for preschool and applying for financial assistance)  
[afoster@phillyjcc.com](mailto:afoster@phillyjcc.com)  
(610) 896-7770 x 118

The following documents must accompany the scholarship application.

- A written explanation of your current situation (on a separate page)
- Complete federal tax return
- Applications for JCC programs (if not previously turned in)
- Current rent receipt or mortgage statement
- Maccabi

Please check all that apply:

- Membership
- Robert J. Wilf Preschool & Kindergarten
- KidsTime (Afterschool care)
- Camp Kef
- Maccabi
- Other

Amount of scholarship request:

\$ \_\_\_\_\_  
\$ \_\_\_\_\_  
\$ \_\_\_\_\_  
\$ \_\_\_\_\_  
\$ \_\_\_\_\_  
\$ \_\_\_\_\_

I declare all information provided on this form and all additional documentation requested is to the best of my knowledge true, accurate and complete. I understand that any financial assistance offered to me may be revoked in the event of misrepresentation or change in circumstance.

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Applicant Signature

Date

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Co-applicant Signature

Date

**Personal Information**

Applicant Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Marital Status: \_\_\_\_\_ Single \_\_\_\_\_ Married \_\_\_\_\_ Separated \_\_\_\_\_ Divorced \_\_\_\_\_ Widowed

Co-Applicant Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Marital Status: \_\_\_\_\_ Single \_\_\_\_\_ Married \_\_\_\_\_ Separated \_\_\_\_\_ Divorced \_\_\_\_\_ Widowed

**Children's Information** (additional children, please add a separate sheet)

Child #1 Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_

School Schedule \_\_\_\_\_

Camp Schedule \_\_\_\_\_

Child #2 Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_

School Schedule \_\_\_\_\_

Camp Schedule \_\_\_\_\_

Child #3 Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_

School Schedule \_\_\_\_\_

Camp Schedule \_\_\_\_\_

Child #4 Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_

School Schedule \_\_\_\_\_

Camp Schedule \_\_\_\_\_

**Employment Information**

Applicant Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Employer Address: \_\_\_\_\_

# of Years Employed: \_\_\_\_\_ Phone: \_\_\_\_\_

Co-Applicant Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Employer Address: \_\_\_\_\_

# of Years Employed: \_\_\_\_\_ Phone: \_\_\_\_\_

**Monthly Income (Applicant and Co-Applicant)**

Earned Income	\$
Social Security:	\$
Alimony/Child Support:	\$
Pension / Disability / RA / Unemployment:	\$
SNAP:	\$
Investment Income:	\$
Non-taxable income (Parsonage, SS Survivor's Benefits):	\$
All other income sources: Please specify:	\$
Total Monthly Income:	\$

**Monthly Expenses (Applicant and Co-Applicant)**

Rent or Mortgage (Interest and principle):	\$
Real Estate Taxes:	\$
Telephone:	\$
Electric:	\$
Gas:	\$
Cable / Internet:	\$
Oil:	\$
Home Owners Association:	\$
Congregation Dues:	\$
Religious School Tuition:	\$
Private School Tuition:	\$
Commuting Expenses (Gasoline, tolls, train pass):	\$
Automobile Payment:	
Year ____ / Make _____ / Model _____	\$
Automobile Payment:	
Year ____ / Make _____ / Model _____	\$
Alimony/Child Support:	\$
Insurance (Home, life, auto, medical):	\$
Medical/Dental (Expenses not covered by insurance):	\$
Student Loans:	\$
Other Loan / Debt Payments:	\$
Food:	\$
Clothes:	\$
Vacation Expenses:	\$
Entertainment:	\$
Total Monthly Expenses:	\$

Other Circumstances: Please describe any additional recent expenses (dependent with special needs, recent major family celebrations, recent family death, move, major home repairs, etc. Use separate page if needed.

For additional assistance, you may be interested in the following resources:

Jewish Federation of Greater Philadelphia  
215-832-0500 or [info@jewishphilly.org](mailto:info@jewishphilly.org)

Hebrew Free Loan Society – Interest free lending  
267-709-9652 or [info@hebrewfreeloanphila.org](mailto:info@hebrewfreeloanphila.org)

Jewish Relief Agency  
631-486-6636 or [JRA@JewishRelief.org](mailto:JRA@JewishRelief.org)

Jewish Family and Children's Services  
866-532-7669 or [info@jfscphilly.org](mailto:info@jfscphilly.org)

JEVS Human Services  
215-854-1800 or [info@jevs.org](mailto:info@jevs.org)

Medical Assistance (Medicaid)  
1-855-355-5777

SNAP (Supplemental Nutrition Assistance Program)  
To Request application – 800-692-7462

Meals on Wheels  
Montgomery County – 610-278-3000