



Kaiserman JCC Scholarship Aid Form

Please complete all sections of this application and return to:
Amy Foster, Kaiserman JCC, 45 Haverford Rd, Wynnewood, PA 19096
610-896-7770 x125 • afoster@phillyjcc.com

Applications must have current tax 1040 (1st 2 pages) attached in order to be considered for financial aid. Applications will not be processed without them.

Date of application _____

Applicant Information

Name _____ Spouse's Name _____

Home Address (no PO box's) _____

City _____ State _____ Zip _____

Home Phone _____ Work Phone _____ Cell Phone _____

Email _____

If you have any children to be included in your membership, please list them below.

Child 1 _____	Child 2 _____	Child 3 _____	Child 4 _____
Age ____ Birthdate _____	Age ____ Birthdate _____	Age ____ Birthdate _____	Age ____ Birthdate _____
Grade ____ Gender _____	Grade ____ Gender _____	Grade ____ Gender _____	Grade ____ Gender _____

Financial Aid Information

Please note: a membership, preschool, kids time or day camp application must be completed and submitted with this application.

I am requesting financial aid for the following:

MEMBERSHIP (Membership is required for preschool enrollment.)

Program Information

PRESCHOOL

DAY CAMP

KIDS TIME

Family/Household Information

Applicant and/or spouse are/is: Married Divorced Separated Widowed Single Parent
Living in primary household: All children listed above Child 1 Child 2 Child 3 Child 4

Other family members/dependents living in the primary household? _____

Applicant's Employer _____

Spouse's Employer _____

Continued on back side

Kaiserman JCC Financial Aid Form - side 2

Applications must have current tax 1040 (1st 2 pages) attached in order to be considered for financial aid. Applications will not be processed without them.

Financial Information

Annual Income Info

Applicant Annual Wage/Salary/Business Income _____ \$
Spouse Annual Wage/Salary/Business Income \$ _____
Social Security \$ _____
Unemployment Compensation \$ _____
Disability Compensation \$ _____
Alimony \$ _____
Child Support \$ _____
Interest \$ _____
Dividends \$ _____
Department of Public Assistance \$ _____
Other sources of income/support \$ _____
TOTAL INCOME/Annual \$ _____

Annual Expense Info.

Mortgage/Rent _____ \$
Medical Expenses \$ _____
Legal Fees \$ _____
Day care \$ _____
Special Education Fees \$ _____
College Tuition \$ _____
Synagogue Membership \$ _____
Social Services/Counseling \$ _____
Household & Misc Expenses \$ _____
TOTAL EXPENSES/Annual \$ _____

Amount Requested

Have you received financial aid in the past? Yes No
If yes, state year and amount. _____

Total amount of request: \$ _____

(Do not put "as much as possible" or ALL. If you give us an honest amount you need it will help us get you what you are looking for in financial aid.

Further Explanation of Financial Need

Please use this space to further explain your need for aid from the Kaiserman JCC. Please feel free to use an additional blank sheet of paper if needed.

Signature

In signing this application, you affirm that all information in true. Falsification of information may result in removal of any financial aid and inability to receive aid in the future. Once aid is awarded, applicant must make all agreed upon payments on a timely basis. Failure to do so will result in cancellation of membership or registration in program.

Applicant Signature _____ Date _____