



Financial Assistance Application

Please Print or Type

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

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

Applicant Signature and Date

Co-applicant Signature and Date

Return completed application to:

Daniel Jatovsky
Financial Manager
JCC Thurnauer School of Music
411 E. Clinton Ave.
Tenafly, NJ 07670

Required Attachments

The following documents must accompany the Financial Aid Application. Failure to submit these may result in delay or denial of the application. Please check off each item that you have included:

- A written explanation of your current situation (on a separate page)
- Most recent completed federal tax return (both parents if applicable)
- Last two pay stubs (both parents if applicable)
- Proof of unemployment compensation (if applicable)
- Applications for JCC programs and membership (if not previously turned in)
- Copy of divorce decree (if applicable- %of child care costs for which each parent is responsible)

Personal Information

Applicant

Applicant's (adult) Title: _____ Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Email _____ Home Phone #: _____ Work or Cell Phone #: _____

Marital Status: _____

Spouse/Partner/Other

Applicant's (adult) Title: _____ Name: _____

Address (if different): _____ City: _____ State: _____ Zip: _____

Email _____ Home Phone #: _____ Work or Cell Phone #: _____

Children (under age 25) in Household:

Name	Living at home?	Relationship to Applicant	Age	Grade	JCC Program (Requesting Aid for)
_____	Y <input type="radio"/> N <input type="radio"/>	_____	_____	_____	_____
_____	Y <input type="radio"/> N <input type="radio"/>	_____	_____	_____	_____
_____	Y <input type="radio"/> N <input type="radio"/>	_____	_____	_____	_____
_____	Y <input type="radio"/> N <input type="radio"/>	_____	_____	_____	_____

General Questions

Are you currently a Kaplen JCC member? Y N If so, are you currently receiving financial assistance? Y N

Have you ever been a Kaplen JCC member? Y N

Have you recently arrived from another country? Y N If so, where from and when? _____

Have you recently moved here from another city/state? Y N If so, where from and when? _____

Employment

Applicant

Applicant's (adult) Name: _____ Employer: _____

Occupation: _____ Employer Phone #: _____ Years with current company: _____

Are you currently receiving unemployment or disability insurance? Y N

Spouse/Partner/Other

Applicant's (adult) Name: _____ Employer: _____

Occupation: _____ Employer Phone #: _____ Years with current company: _____

Are you currently receiving unemployment or disability insurance? Y N

Financial Information

Other Financial Assistance

Please list other organizations, schools, or camps for which you have requested or receive financial assistance:

<u>Program</u>	<u>Cost of Program</u>	<u>Amount Received</u>

The amount you feel you are able to pay (**MUST** be completed to be considered for assistance):

Specify the monthly amount you can afford.

\$_____ per month (for 10 months) or \$⁰_____ per year

Are you applying for a scholarship for membership or any other program? If so, please specify.

Specify Program: _____

Financial Information continued

Annual Income (applicant and co-applicant)

	Current Year (Yearly Estimate)	Last Year (Yearly Actual)
Salary and Bonuses:	\$ _____	\$ _____
Spouse/Partner Salary and Bonuses:	\$ _____	\$ _____
Dividends and Interest (Total from all sources):	\$ _____	\$ _____
Capital Gains:	\$ _____	\$ _____
Other Investment Income:	\$ _____	\$ _____
Rental Income:	\$ _____	\$ _____
All Business Income/ Profit:	\$ _____	\$ _____
All Non-Taxable Income:	\$ _____	\$ _____
Alimony/ Child Support (From non-custodial parent):	\$ _____	\$ _____
Pension/Disability/ RA/ Unemployment:	\$ _____	\$ _____
All other income sources:	\$ _____	\$ _____
Total Income:	\$ _____ ⁰	\$ _____ ⁰

Assets:

Liquid Assets: \$ _____

Cash: \$ _____

Marketable Securities: \$ _____

Non-Liquid Assets: \$ _____

Stocks and Bonds fair market value:
\$ _____

Primary Residence Current Market Values:
\$ _____ Year Purchased _____

Amount of Mortgage at Time of Purchase:
\$ _____

Second Residence Current Market Value:
\$ _____

Business Assets:

Name of Business:

Nature of Business:

Gross Revenue (Last Year):
\$ _____

Net Revenue (Last Year):
\$ _____

Financial Information continued

Annual Expenses (applicant and co-applicant)

	Current Year (Estimate)		Last Year Actual	
	Monthly	Yearly	Monthly	Yearly
Rent or Mortgage (Interest and principle):	\$ _____	\$ _____ 0	\$ _____	\$ _____ 0
Real Estate Taxes:		\$ _____		\$ _____
Federal Income Taxes (Net after refund):		\$ _____		\$ _____
State/Local Income Taxes (Net after refund):		\$ _____		\$ _____
Utilities:	\$ _____	\$ _____ 0	\$ _____	\$ _____ 0
Alimony/Child Support:	\$ _____	\$ _____ 0	\$ _____	\$ _____ 0
Insurance (Home, life, auto, medical):	\$ _____	\$ _____ 0	\$ _____	\$ _____ 0
Medical/Dental (Not covered by insurance):		\$ _____		\$ _____
Year/Make Automobile (1): _____				
Auto Payment (1):	\$ _____	\$ _____ 0	\$ _____	\$ _____ 0
Year/Make Automobile (2): _____				
Auto Payment (2):	\$ _____	\$ _____ 0	\$ _____	\$ _____ 0
Private School Tuition (Less assistance received):		\$ _____		\$ _____
Name of Private School: _____				
Credit card and Other Loan Payments:	\$ _____	\$ _____ 0	\$ _____	\$ _____ 0
Living expenses (Food, clothing, etc.):	\$ _____	\$ _____ 0	\$ _____	\$ _____ 0
Child Care/ Domestic Help:	\$ _____	\$ _____ 0	\$ _____	\$ _____ 0
Vacation Expenses:		\$ _____		\$ _____
Commuting Expenses:	\$ _____	\$ _____ 0	\$ _____	\$ _____ 0
Congregational Dues:		\$ _____		\$ _____
Congregation Affiliation: _____				
Other Expenses (explain): _____		\$ _____		\$ _____
Total Expenses		\$ _____ 0		\$ _____ 0
INCOME - EXPENSES		\$ _____ 0		\$ _____ 0

Other Circumstances

Please describe any special circumstances or explanations of additional recent expenses (examples: dependent with special needs, recent major family celebrations, recent family death, major home repairs, etc.).

If you require additional assistance, you may be interested in contacting the following **Community Resources:**

Employment Services:

Jewish Family Service of Bergen & North Hudson: (201) 837-9090

Project Ezra: (201) 569-9047

One Stop Career Center: (201) 329-9600

Food Stamps/Temporary Financial Assistance:

Bergen County Board of Social Services: (201) 368-4200

Food Pantries:

Shearit Haplate, Kosher Food Bank: (225) 366-8383

Jewish Family Service of Bergen & North Hudson: (201) 837-9090

Center for Food Action: (201) 569-1804

Helping Hands: (201) 715-5179

Elder Care Resources:

Jewish Family Service of Bergen & North Hudson: (201) 837-9090

ADRC (Aging and Disability Resource Center/Bergen County): (877) 222-3737

Bergen County Division of Senior Services: (201) 336-7400

Legal Services:

Legal Services of New Jersey: (888) 576-5529

Mental Health:

Jewish Family Service of Bergen & North Hudson: (201) 837-9090

Vantage Health Systems: (201) 567-0500