



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:
Kevin Cunningham, Chief Financial Officer
Kaplen JCC on the Palisades
Taub Campus
411 East Clinton Avenue
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)

General Questions

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

Have you ever been a Kaplen JCC member? _____

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

Have you recently moved here from another city/state? _____ 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? _____

Spouse/Partner/Other

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

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

Are you currently receiving unemployment or disability insurance? _____

Financial Information

Other Financial Assistance

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

Program Cost of Program Amount Received

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

Membership: \$ _____

Day Camp: \$ _____

Nursery School: \$ _____

Other: \$ _____ Specify Program: _____

Financial Information continued

Annual Income (applicant and co-applicant)

	Current Year (Yearly Estimate)	Last Year (Yearly Actual)
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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:	\$ _____	\$ _____

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 (Yearly Estimate)	Last Year (Yearly Actual)
Rent or Mortgage (Interest and principle):	\$ _____	\$ _____
Real Estate Taxes:	\$ _____	\$ _____
Utilities:	\$ _____	\$ _____
Income Taxes (Net after refund):	\$ _____	\$ _____
Alimony/Child Support:	\$ _____	\$ _____
Insurance (Home, life, auto, medical):	\$ _____	\$ _____
Medical/Dental (Expenses not covered by insurance):	\$ _____	\$ _____
Year/Make Automobile (1): _____		
Auto Payment (1):	\$ _____	\$ _____
Year/Make Automobile (2): _____		
Auto Payment (2):	\$ _____	\$ _____
Private School Tuition (Less assistance received):	\$ _____	\$ _____
Other Loan Payments:	\$ _____	\$ _____
Living expenses (Food, clothing, etc.):	\$ _____	\$ _____

Additional Monthly Expenses:

Please explain any additional expenses or special circumstances:

Child Care/ Domestic Help: \$ _____

Vacation Expenses: \$ _____

Commuting Expenses: \$ _____

Congregational Dues: \$ _____

Congregation Affiliation:

Other Circumstances:

Please describe any 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