Scholarship Application

Please make sure that you fill out the application completely.

Please make sure you include: ☐ Copy of your most recent W2 & ☐ Copy of your most recent Tax return

OR ☐ Copy of your most recent SSI, SS, or unemployment statement

SCHOLARSHIP ASSISTANCE (check all that apply)

Membership ☐ Summer Camp(Haverim/Yeladim) ☐ Club J ☐ Preschool(ECLC) ☐ Maccabi ☐ Global Teens ☐

Listed class/program fee: $_____ Total amount you feel you can afford to Pay?_____

Scholarship Recipient Name _____ Have you received scholarship assistance before? Yes ☐ No ☐

Please describe why you're applying for scholarships:_____

_____

_____

PERSONAL INFORMATION

First Name:_____ M.I:_____ Last Name:_____

Phone: (_____) _____ - _____ Email:_____

Address:_____ City:_____ State/Zip:_____

Own ☐ Rent ☐ Mortgage/Rent Payment (Monthly): $_____ Years Living at Property:_____

Employment: Employed ☐ Disabled ☐ Occupation:_____ Job Title:_____

Employer:_____ Employer Address:_____

Employee Phone: (_____) _____ - _____ Gross Income: $_____ Pay Frequency: Weekly ☐ Biweekly ☐ Monthly ☐

Marital Status: Married ☐ Divorced ☐ Separated ☐ Widowed How Long:_____

Spouse's Name:_____ Last Name:_____ Phone: (_____) _____ - _____

Employment: Employed ☐ Disabled ☐ Occupation:_____ Job Title:_____

Employee Phone: (_____) _____ - _____ Gross Income: $_____ Pay Frequency: Weekly ☐ Biweekly ☐ Monthly ☐

FINANCIAL INFORMATION

Tax Return Filing: Single ☐ Married ☐ Head of Household ☐ Did Not File ☐

Gross Wages/Salary/Business Income: $_____ Spousal/Child/Family Support: $_____

Government Assistance: $_____ Type of Assistance (i.e AFDC, SSI, Disability, SNAP, Other)_____

Medical Expenses:_____ Other Unusual Expenses:_____

Vehicle (s) Year /Make/Model: _____ Financed ☐ Own ☐ - Payment (Monthly): $_____

Education Expenses

Name:_____ Grade:_____ School:_____ Tuition: $_____

Did you receive financial assistance? Yes ☐ No ☐ Amount of financial assistance received: $_____

Name:_____ Grade:_____ School:_____ Tuition: $_____

Did you receive financial assistance? Yes ☐ No ☐ Amount of financial assistance received: $_____

FEE ADJUSTMENTS ARE NOT RENEWED AUTOMATICALLY AND MUST BE REQUESTED AND REVIEWED ANNUALLY

I hereby affirm that the information on this form is accurate, correct, and full. The JCCOC has been given authorization to validate the information provided above.

Signature:_____ Date:_____