



Financial Assistance Procedure Summary Sheet Jewish Community Center of the North Shore

1. Scholarships are handled on a case-by-case and first-come, first-served basis.
2. The Committee adheres to a sliding scale based on income and number of family members when deciding membership assistance.
3. **An application packet must be complete which means it must include these four items:**
 - ___ **Statement explaining current family, employment and financial situation as well as any extenuating circumstances that may exist**
 - ___ **Tax return**
 - *If you file tax return: A copy of latest filed Federal Income Tax return (1040 and attachments) with schedules.**
 - *If you do not file tax return: Another form of verification of income may be used, such as a letter about SSI or unemployment benefits**
 - ___ **Copy of your two most recent pay stubs**
 - ___ **Completed agreements/registration forms for program(s) requested**
4. Applications for assistance in Early Childhood Programs may only be made by JCC members. If you are not a member and are interested in one of these programs you can request assistance for membership as well as the program.
5. Applications for Early Childhood Programs and/or Camp must be accompanied by the application for that program with a \$100 deposit. If an agreement on Financial Assistance cannot be reached, the full deposit is refunded.
6. ***Applications are not automatically renewed each year.*** Members must submit a new application with updated supporting materials each year for membership and each program year for early childhood programs and/or camp.
7. Applications are reviewed according to this schedule:

Membership 2020 request deadline - November 25, 2019

Camp 2020 request deadline - March 20, 2020

Early Childhood Program deadline for 2020-2021 school year - May 2, 2020

8. The Committee will consider the following factors:
 - How many people are in the family and what is the family's income?
 - Are all caretakers working so this program is needed for childcare?
 - How many children are enrolled in Center programs?
 - What is the overall cost to the family?
 - How much is the member able to share in the cost?
 - How much could they afford in the past?
 - Are there other probable outside sources of income?
 - Are there extenuating circumstances; for example, medical bills, history of unemployment, etc.?
 - What other expenses does the family have?
9. If relevant factors (employment, income, etc.) change during the course of the year/program, we ask that you notify the Executive Director or the Business Office so that your file may be updated.
10. After a decision has been made, applicants will be contacted by the JCC via US mail or email, notifying him/her of the assistance awarded as well as the payment plan requirements. The fee adjustment must be signed and returned to the Business Office **within two weeks** of receipt with the proper payment information (EFT or Credit Card) in order to confirm the assistance.
11. All payment arrangements must be finalized prior to program participation.
12. If an applicant applies for assistance a **second time in a calendar year** (i.e. school and then camp), they will be requested to complete an "Additional Assistance in a Calendar Year" packet to reinstate the process. The packet is an abbreviated form of the original application.
13. Return all paperwork together to:
 - JCC of the North Shore
 - Business Office
 - 4 Community Road
 - Marblehead, MA 01945
 - Attention: Linda Brittingham

Updated 10/20/2017



JCC of the North Shore Financial Assistance Application

This application is designed to organize information regarding your financial situation.

A complete application packet includes these **four** items: **Only complete packets will be considered.**

1. A completed Financial Assistance Application Form
2. Explanation of general current family, employment, financial situation and extenuating circumstances that may exist
3. Tax return
 - If you file tax return: A copy of latest filed Federal Income Tax return (1040 and attachments) with schedules.
 - If you do not file tax return: Another form of verification of income is used, such as a letter about SSI or unemployment benefits as well as an up-to-date credit report
4. Copy of your two most recent pay stubs

Please return to:

JCC of the North Shore
4 Community Road
Marblehead, MA 01945
Attention: Business Office

Name: _____
Street: _____ Apt #: _____
City, State, Zip: _____ Birthdate _____
Home Phone: _____ E-Mail: _____
Employer: _____ Phone: _____
Occupation: _____ # of Years: _____

Spouse (if applicable): _____
Street: _____ Apt #: _____
City, State, Zip: _____ Birthdate _____
Home Phone: _____ E-Mail: _____
Employer: _____ Phone: _____
Occupation: _____ # of Years: _____

List each child in the family	Age	Current Grade	JCC Program (for which you are requesting Assistance)

	EXPENSES			INCOME	
	Current year	Last Year		Current year	Last Year
Rent			Primary Salary & Bonuses		
Mortgage (principal & interest)			Spouse Salary & Bonuses		
Real Estate Taxes			Dividends & Interest (total all sources)		
Utilities			Capital Gains		
Income Taxes (net after refund)			Other Investment Income		
Alimony/Child Support			Rental Income		
Synagogue Dues			All Business Income/Profit		
School Tuition (less assistance received)			All Non-Taxable Income (i.e. Municipal Bonds)		
Insurance (home, life, auto, medical)			Alimony/Child Support (from non-custodial parent)		
Auto Loan/Lease			Pension/Disability/IRA Unemployment Income		
Loan payments (total all loans)			All other sources of income		
Child Care/ Domestic Help			TOTALS		
Living Expenses (food, clothing, etc)			MOTOR VEHICLES (make/model)	Year	Purchase Price
Other Unusual Expenses (please explain)					
TOTALS					

LIABILITIES (Current Amounts)	ASSETS (Current Market Value)
Primary Residence Mortgage	Liquid Assets
Other Mortgages	Cash
Home Equity Loans	Marketable Securities
Auto Bank Loans	Non Liquid Assets
Other Debts (list)	Primary Residence Current Mkt Value
	Year Purchased
	Amt. Mortgage at time of Purchase
	Sec. Residence Current Mkt Value
Business Assets	
Name of Business	
Nature of Business	
Gross Revenue (last year)	
Net Revenue (last year)	

The amount you feel you are able to contribute (MUST be completed to be considered for assistance)		
Membership \$ _____	Early Childhood \$ _____	Day Camp \$ _____

<input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Widower	Name of synagogue or Church Affiliation: _____ Number of Dependent Children (living at home): _____
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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 circumstances.

Signature of Primary Caretaker 1 Date

Signature of Primary Caretaker 2 Date