2027 ADDITIONAL ASSISTANCE IN SAME CALENDAR YEAR APPLICATION

PLEASE CIRCLE THE TYPE OF SCHOLARSHIP YOU ARE APPLYING FOR:

Infant/Toddler Preschool Summer Camp Membership JAdventure

What amount can you afford to pay per program? _____

Applicant's Full Name _____

Address _____ City _____ State ____ Zip _____

Home Phone _____ Cell _____ Email _____

Are you currently a JCCNS member? Y N Date of Birth _____

Type and amount of current scholarship you are receiving _____

Household information: List all people residing in your home

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

Application must be submitted with:

1. **A copy of current pay stubs**
2. **A statement explaining current family, employment and financial situation as well as any extenuating circumstances that may exist**
3. **Completed agreements and/or registration forms for program you are requesting.**

Applications will not be processed without the three items listed above.

I declare that all the information submitted is complete and correct to the best of my knowledge I understand that I am responsible for paying all balances by agreed-upon date and reporting any increases or decreases in my family's income/expense to the JCCNS immediately.

Signature _____ Date _____