4 Community Road
Marblehead, MA 01945

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. Scholarship adhere 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 and JAdventure 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 Camp and JAdventure 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 Education, Camp and JAdventure.

7. Applications are reviewed according to this schedule:

   Membership: Calendar Year 2027 request deadline – December 1, 2026
   Camp 2027 request deadline - March 20, 2027
   Early Childhood Program deadline for 2027-2028 school year - May 2, 2027
   JAdventure Program deadline for 2027-2028 school year – May 2, 2027

8. Scholarship approvals 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 for 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 year/program, you must notify the applicable JCC staff member listed below to have your file updated.

10. After a decision has been made, applicants will be contacted by the applicable JCC staff member listed below by 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 JCC ***within two weeks*** of receipt, along with the proper auto-payment information (EFT or Credit Card) to confirm the assistance request.

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, or JAdventure), they will be requested to complete an "**Additional Assistance in a Calendar Year"** packet to reinitiate the process. The packet is an abbreviated form of the original application.

13. Return all paperwork for **membership only** to lbrittingham@jccns.com, Linda Brittingham, Business Office Manager.

14. Return all paperwork for **all other applicable programs** to sgreenfield@jccns.com, Stephanie Greenfield, Program Registrar

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.**

a) A completed Financial Assistance Application Form
b) Explanation of general current family, employment, financial situation, and extenuating circumstances that may exist
c) 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 a 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
d) Copy of your two most recent pay stubs
e) **Applications will not be processed without the above items**.

Please return to:

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

Applicant Name: _____

Street: _____ Apt #: _____

City, State, Zip: _____Birthdate _____

Home Phone: _____ E-Mail: _____

Employer: _____ Phone: _____

Occupation: _____ # of Years: _____

Spouse/Partner (if applicable): _____

Street: _____ Apt #: _____

City, State, Zip: _____ Birthdate_____

Home Phone: _____ E-Mail: _____

Employer: _____ Phone: _____

Occupation: _____# of Years: _____

List of all people residing in your home	Age	Relationship	JCC Program (for which you are requesting Assistance)

Annual	**EXPENSES**		**Annual**	**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 $_____

☐ Married
☐ Single
☐ Divorced
☐ Widower

Name of synagogue or Church Affiliation:
_____

Number of Dependent Children (living at home): _____

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 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 Business Office immediately. I understand that any financial assistance offered to me may be revoked in the event of misrepresentation or a change in circumstances.

Signature of Applicant Date

Signature of Primary Caretaker Date