



Request for a Reduction in Fees

I am / We are applying for financial assistance for: (please check appropriate boxes)

- Membership Family Individual Child/Youth
 Early Childhood* Camp*

*Applications for Early Childhood and/or Camp must be previously submitted.

Date _____ Membership # _____

MEMBER INFORMATION

Adult 1 Name _____ Date of Birth _____

Home Address _____ Zip Code _____ Tel. _____

E-mail Address _____ May correspondence be via e-mail? yes ___ no ___

Occupation _____ Firm Name _____ Tel. _____

Number of hours worked per Week _____

Spouse's Name _____ Date of Birth _____

Occupation _____ Firm Name _____ Tel. _____

Number of hours worked per week _____

Dependent Children (name & ages) _____

Other persons living at home but not listed above (list age and relationship) _____

Marital Status Married Single Divorced Widowed

Have you ever in the past applied for assistance from the JCC? Yes No

INCOME AND ASSETS

	SELF	SPOUSE
Last Year's Wages, Salaries, etc.	\$ _____	\$ _____
Child Support	\$ _____	\$ _____
Maintenance	\$ _____	\$ _____
Social Security	\$ _____	\$ _____
Unearned Income (Pensions, Dividends)	\$ _____	\$ _____
Income from Other Sources (Rents, Relatives)	\$ _____	\$ _____
TOTAL YEARLY INCOME	\$ _____	\$ _____
 This Year's <i>Estimated</i> Income	 \$ _____	 \$ _____

Are you receiving financial assistance from any other agency Yes No
If yes, what agency or agencies? _____

MONTHLY EXPENSES

Monthly Housing Payment Mortgage Rent \$ _____
 Monthly Car Payments \$ _____
 Monthly Medical/Dental Not Covered by Insurance \$ _____
 Monthly Utility Bills – Gas, Electric, Water \$ _____
 Credit Card Loans \$ _____
 Bank Loans \$ _____
 School Loans \$ _____
 Childcare other than JCC \$ _____
 Child Support or Maintenance \$ _____

OTHER

Describe any extraordinary expenses or special circumstances. Be specific as to expense
And anticipated duration of circumstances.

Do you now or have you ever had any unpaid charges with the JCC?

- Yes No

RETURN THE FOLLOWING FORMS WITH THIS APPLICATION

1. Copy of last year's income tax forms/or a note that you do not have to file income tax
2. All W-2's for last year (if employed)
3. Most recent payroll slip(s)(if employed)
4. Social Security Award letter (if receiving social security)

IMPORTANT:

We will not process your application without the above documentation.

Please Note:

1. All materials will be kept in strict confidence. Additional information may be requested.
2. Incomplete packets and poorly prepared packets will not be considered.
3. After complete packets are received, applicants will be contacted by the JCC.
4. Applicants may choose to pay in full by cash, check, or credit card or set up a monthly payment plan.
5. All recipients paying with a payment plan **must** secure payments with a credit card, automatic withdrawal from checking account.
6. Scholarships are not renewed automatically. New applications and documents must be submitted each year.

I hereby state that the information shown on this form and all supporting documentation is complete and correct to the best of my knowledge. I understand that if I accept the scholarship offered, I am responsible for paying all balances by the agreed upon date.

Applicant's Signature

Date

Send all information to:
Jewish Community Center
2 Millstone Campus Drive
St. Louis, MO 63146
Attn: Scholarship Coordinator