



For Office Use Only
Date Submitted: _____

I.J. AND JEANNÉ WAGNER JEWISH COMMUNITY CENTER
SCHOLARSHIP APPLICATION 2021

A. Family Data

Name _____ M F DOB _____ Phone # _____

Address _____

City _____ State _____ Zip _____

Email Address _____

Primary method of contact will be email

Employer _____ Phone # _____

Position _____ Years at Job _____ Hours worked per week _____

Marital Status: Married Divorced Widowed Separated Single

Partner's Name _____ DOB _____

Partner's Employer _____ Phone # _____

Position _____ Years at Job _____ Hours worked per week _____

Number of Dependents _____

Dependents:

1. _____ DOB _____

2. _____ DOB _____

3. _____ DOB _____

4. _____ DOB _____

Jewish* Other Staff

* Jewish applicants may also be eligible for funding from other Jewish Agencies.

I consent to the JCC providing a copy of this application to other agencies which may offer additional funding.

B. Services for which you are requesting Financial Aid

Membership – (check all that apply) All scholarship recipients MUST become members of the JCC.

New Memberships have a minimum 1-year commitment.

- Family Single Parent Individual Student Individual Student Family

Programs – Please be specific and include the age of your child, grade, days of the week or sessions you wish to apply for, etc. *Extended care is NOT eligible and if included, will be charged at full price.

Early Childhood _____

Bernie Camp _____

Camp K'Ton Ton _____

Club J (afterschool) _____

Registration and payment of registration fees is required before submission of this application. Complete the program registration online or in-person.

Amount you expect to be able to pay per month for ALL scholarship eligible services and programs

(use scale from guidelines to calculate potential award)

\$ _____

Do you receive any discounts or assistance (e.g. staff discounts) for any of these programs? Yes No
If yes, please explain how much and for which programs:

C. Assets

Automobiles:

Own Lease Year _____ Make _____ Model _____ Payment \$ _____ Amount Owed \$ _____

Own Lease Year _____ Make _____ Model _____ Payment \$ _____ Amount Owed \$ _____

Bank Accounts: List all bank/money market/CD's/Brokerage Accounts

Financial Institution	Amount
1. _____	\$ _____
2. _____	\$ _____
3. _____	\$ _____
4. _____	\$ _____

Real Estate Holdings:

Home: Value \$ _____ How Long _____

Other: Value \$ _____ How Long _____

D. Monthly Income Sources (Gross)

	Applicant	Partner
1. Salary	\$ _____	\$ _____
2. Child Support	\$ _____	\$ _____
3. Alimony	\$ _____	\$ _____
4. Social Security/other Gov. Assistance	\$ _____	\$ _____
5. Disability	\$ _____	\$ _____
6. Interest and/or Rental Income	\$ _____	\$ _____
7. Retirement/Pensions/Annuity Income	\$ _____	\$ _____
8. Other sources of income a. (Include trust, dividend, partnerships, etc.)	\$ _____	\$ _____
9. Additional income a. (Overtime/bonuses/commissions)	\$ _____	\$ _____

If "Partner" numbers are left blank please provide an explanation below:

E. Monthly Expenses

Rent Mortgage (Please specify) \$ _____ per month

Extraordinary expenses or debts please be specific. (If more space is needed, attach an additional sheet)

Educational Loan \$ _____ Medical Expenses (out of pocket) \$ _____

Medical Insurance \$ _____ Alimony/support paid to others \$ _____

Credit Card Payments \$ _____

Payment for support of additional dependents not living in your home \$ _____

Other _____

