

# Jewish Community Center

VALLEY OF THE SUN

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Dear Applicant:

We are pleased to send you the enclosed Scholarship Application. We understand that asking for an adjustment may be difficult. We have tried to make this process as easy, confidential and fair as possible.

The Valley of the Sun JCC is a recipient of community funds and is required to carefully administer the use of these community dollars. Each case is unique and will be handled on an individual basis.

Please complete the enclosed Confidential Scholarship Application and return it with all of the required documentation. You must submit your most recent Federal Tax Return (Form 1040) in its entirety as well as your 2008 W2. We also require a recent payroll stub for every employed person in the household. If you are on Social Security, submit a copy of your monthly statement. **Incomplete packets will not be considered.**

Because finances can change from one year to the next, please write a letter to submit along with your application explaining your situation, especially if you did not file taxes last year.

If you are applying for a camp, you must have a space in the program or preschool (the registration form needs to have been previously submitted). If you are applying for a scholarship for membership, the Membership Agreement must accompany the scholarship application.

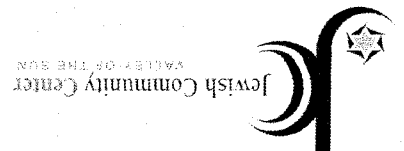
Applications for scholarship that are not completed as instructed above will not be considered and returned to the applicant. If you have any questions or encounter any difficulty filling out the form or providing the requested documentation, please contact us.

We wish you the best of luck and hope that we can meet your needs.

Sincerely,

Cynthia Lupiloff  
Membership Services Department





**Confidential Scholarship Application**

Date: \_\_\_\_\_

**Family Information:**

Applicant's Last Name \_\_\_\_\_

Applicant's First Name \_\_\_\_\_

Spouse's Last Name \_\_\_\_\_

Spouse's First Name \_\_\_\_\_

Residence Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip \_\_\_\_\_

Phone \_\_\_\_\_

**Marital Status:**  Single  Married  Divorced  Separated  Widowed

**Names of Children:**

Child 1. \_\_\_\_\_

Grade \_\_\_\_\_

Age \_\_\_\_\_

Child 2. \_\_\_\_\_

Grade \_\_\_\_\_

Age \_\_\_\_\_

Child 3. \_\_\_\_\_

Grade \_\_\_\_\_

Age \_\_\_\_\_

Child 4. \_\_\_\_\_

Grade \_\_\_\_\_

Age \_\_\_\_\_

**Programs & Services for which you need financial aid: (check appropriate line)**

Membership \_\_\_\_\_

Early Childhood \_\_\_\_\_

Camp Programs \_\_\_\_\_

Given your current circumstances, what amount are you willing to pay monthly?

Membership: \$ \_\_\_\_\_

Early Childhood \$ \_\_\_\_\_

Camp Programs \$ \_\_\_\_\_

**MONTHLY EXPENSES**

\$	Mortgage or Rent
\$	Car Payment
\$	Credit card payment
\$	Payments on boats, rvs, vacation homes, etc.
\$	Spousal maintenance and child support
\$	Child/day care
\$	Health insurance
\$	Other insurance
\$	Miscellaneous expenses
\$	<b>TOTAL EXPENSES</b>

**MONTHLY INCOME**

APPLICANT	Employer Name:
SPOUSE	
\$	Monthly Gross Income
\$	Avg. Monthly bonus or overtime
\$	Monthly interest
\$	Monthly dividends
\$	Monthly rents
\$	Monthly spousal maintenance and child support
\$	Monthly support from family
\$	Other income
\$	<b>TOTAL INCOME</b>



Special circumstances, please explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_

**Verification:** As proof of family income, attach a complete copy of your most recent tax return, copies of your W2 forms and recent payroll income statements. Also, please include a note along with any other documentation that you believe will aid the scholarship committee in evaluating your application.

1040: Yes No W2: Yes No Payroll Income Statement: Yes No

Filling out this scholarship application does not ensure that you will receive a scholarship. The scholarship committee will make its decision based on need and availability of scholarship money. No money is required up front to apply for scholarship, however enrollment is not guaranteed until the registration fees are paid and payment arrangements are made. Scholarships are not renewed automatically; applications must be filed annually.

I hereby state that the information on this application is accurate, and I agree to fulfill the agreement and payment responsibilities as noted on my form. Failure to make payments as detailed below will cause suspension of services.

Copy of registration form must accompany this application.

Applicant \_\_\_\_\_ Date \_\_\_\_\_

Spouse \_\_\_\_\_ Date \_\_\_\_\_

I declare under penalty of perjury that the above information is correct.