

## **SCHOLARSHIPS – FREQUENTLY ASKED QUESTIONS**

### **1. Can I get 100% scholarship?**

In order to help as many families as we can, the JCC does not award 100% scholarships. This allows us to allocate the limited dollars available to serving the largest number possible.

### **2. When is the deadline to submit my paperwork?**

For JCC Maccabi Games and ArtsFest scholarships the deadline is 2/1/10.

For the camp and preschool scholarships the deadline is 4/21/10.

### **3. What do I have to submit?**

The **entire** scholarship packet must be filled out, signed and submitted along with the most current years tax return and 2 most recent pay stubs for all of the parties responsible for the fees.

### **4. When will I be notified of the results?**

JCC Maccabi Games and ArtsFest 2/15/10

Camp and Preschool by 5/21/10

### **5. Are payment plans available?**

Yes. Payment plans are coordinated through the accounting office.

### **6. If I change camps, programs or schedules etc will it affect the amount of scholarship awarded?**

Yes it may. If you reduce the amount requested, your scholarship will be reduced proportionally, however, if you increase your request after your initial submittal, you may not receive additional scholarship.

### **7. What if I don't get enough scholarship and need to withdraw?**

You will receive a full refund on any monies paid.

### **8. What if I don't make the Maccabi team?**

You will receive a full refund on any monies paid.

**9. Why do I have to include my tax returns?**

To maintain common verifiable criteria which assists in the evaluation process.

**10. What if I filed an extension?**

Please provide current pay stubs, last years tax return and a copy of the application to file an extension along with your completed scholarship packet.

**11. Can I submit my information early and get my results early?**

You can submit your information early if it is complete, however, all applications are considered as a whole with regards to the funds available and the number of requests.

**12. What if I miss the deadline?**

You can still submit your application. If any funds are available, your application will be reviewed and considered.

**IMPORTANT NOTE: IF YOU HAVE RECEIVED A SCHOLARSHIP IN THE PAST AND DID NOT FULFILL THE OBLIGATIONS OF THE AGREEMENT, YOU WILL NOT BE ELIGIBLE FOR ANY FUTURE SCHOLARSHIP FUNDS UNTIL YOUR ACCOUNT IS PAID IN FULL.**

**YOUR ACCOUNT/PAYMENT PLAN (PRESCHOOL OR SCHOLARSHIP) MUST BE CURRENT TO RECEIVE SCHOLARSHIP**

**ENRICHMENTS, IMMERSIONS, FOOD, LATE FEES OF ANY KIND AND CAMP BUS FEES ARE NOT COVERED WITHIN THE SCHOLARSHIP AWARD.**

LAWRENCE FAMILY JEWISH COMMUNITY CENTERS  
INSTRUCTIONS  
FINANCIAL ASSISTANCE FORMS

1. Applicants must observe submission deadlines:  
A - Membership - Year Round  
B - J\*Team - Year Round  
C - Camp Jaycee - *April 21, 2010*  
D - Preschool - *April 21, 2010*  
E - Maccabi Games - *February 1, 2010*  
F - Other - Please contact the Accounting Office
  
2. All applicants must submit the following documents:  
A - Request Form (in Scholarship Packet)  
B - Application Form (in Scholarship Packet)  
C - Program Registration Form  
D - Current Year's Income Tax Report Form 1040  
E - Most Recent Pay Stub(s)  
F - Minimum Deposit  
    \$ 200 per child for Preschool  
    \$ 100 per child for Camp  
    \$ 300 per child Preschool/Camp Combination  
    \$ 150 per child for Maccabi Games  
    For all other programs, please contact the Accounting Office for minimum deposit amounts

3. Applicants must complete each line on the Request Form using N/A (not applicable) where appropriate. **An incomplete form will be returned to the applicant for further information, and space in the program will not be saved.**

It is necessary to resubmit an updated request form, even if one has been completed previously during the calendar year, if the request is for a different program.

4. Applicants must complete each line on the Application Form using N/A (not applicable) where appropriate. An incomplete form will be returned to the applicant for further information.
  
5. **Current year tax return MUST accompany forms or they will be returned.** If you are self-employed, the business tax return is required along with the 1040. If the Most Recent Tax Return has been submitted for aid in another area, it is not necessary to submit another copy. If filing an extension, a statement of estimated tax liability is required.
  
6. If you feel that there are other pertinent pieces of information that need to be explained, please write a letter to the scholarship committee detailing your circumstances.

**IN ORDER TO APPLY FOR SCHOLARSHIP, YOUR ACCOUNT MUST BE CURRENT AND IN GOOD STANDING. IF IT IS NOT, THE COMPLETED SCHOLARSHIP PACKET WILL BE RETURNED TO YOU AND WILL NOT BE CONSIDERED FOR AID.**

\*\* Applications received past the deadline will have lower priority and may possibly not receive scholarship funds.

## LAWRENCE FAMILY JEWISH COMMUNITY CENTERS

### Our Philosophy

It is our philosophy that nobody should miss out on participating at The Center due to financial hardship. That is why we offer Financial Aid to those who need it. We also understand that asking for aid may be a difficult thing to do, so we pride ourselves on ensuring the applicant's privacy and confidentiality. Please know that your application will not be shared with anyone other than the individuals directly related to the scholarship process.

### Donors

The Lawrence Family Jewish Community Center would like to thank the following donors who have generously given to the scholarship fund:

Community Campership Council	Joan and Irwin Jacobs
Harry and Jeanette Weinberg Foundation	Soontup Estate
Hutler Camp Scholarship Endowment	United Jewish Federation
Jack & Sigrid Fischer Scholarship Fund	Wells Fargo Bank

### The Process for Camp and Preschool

January 1-April 21	During this time, applicants are asked to pick up an application packet from the front desk or the cashier, Karla Alrumdhan.
April 21	On this date, all <u>completed</u> application forms will be prioritized, by need, by the Scholarship Committee. A completed packet will include minimum deposit per child to hold their spot in the program. These applications will then be passed along to the Scholarship Committee.
April 21-May 20	All applications will be reviewed.
May 20-June 1	Soon after the review process, recipient will receive an official letter from the JCC detailing the scholarship package. Applicant must sign and return copy of this letter to the Accounts Receivable Specialist in order to accept the terms of the scholarship. Applicant is also required to sign a promissory note and include postdated checks or credit card slips in accordance with the promissory note in the scholarship package. If the signed letter <u>is not</u> returned to the JCC, the scholarship award will be forfeit and given to another applicant.

### Applications received after the deadline

Any application received after the deadline will be considered, on a case by case basis, by the Scholarship Committee. Late applicants will need to complete the packet and turn it in to the cashier, Karla Alrumdhan. The Scholarship Committee will make the determination of aid based on whether a pool of funds is still available. Even though we try to accommodate everyone's needs, there is no guarantee of receiving financial aid. Everyone is expected to participate financially to the best of their ability.

LAWRENCE FAMILY JEWISH COMMUNITY CENTERS

SCHOLARSHIP APPLICATION

PERSONAL INFORMATION

Name: \_\_\_\_\_ Soc. Sec. No. \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_

Age: \_\_\_\_\_ Marital Status: Married Unmarried Separated Divorced

Spouse Name: \_\_\_\_\_ Soc. Sec. No. \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_

Present Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ How Long?: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Number of Dependents: \_\_\_\_\_

Please list below - Name & birthdate of all children under 21 living at home:

Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

If any children attend college and you are subsidizing them, list below - Name, birthdate, school attending, and amount of subsidy:

Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

School: \_\_\_\_\_ Amount: \_\_\_\_\_

Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

School: \_\_\_\_\_ Amount: \_\_\_\_\_

Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

School: \_\_\_\_\_ Amount: \_\_\_\_\_

EMPLOYMENT AND INCOME

Self

Employer's Name: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Employer's Address: \_\_\_\_\_

Position: \_\_\_\_\_ Gross Monthly Salary \$ \_\_\_\_\_

Spouse

Employer's Name: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Employer's Address: \_\_\_\_\_

Position: \_\_\_\_\_ Gross Monthly Salary \$ \_\_\_\_\_

Other Sources of Income per Month (Child Support, Interest Income, Etc.)

_____	\$ _____
_____	\$ _____
_____	\$ _____

EXPENSES

Residence-Circle One

Own	Buying	Rent-Furnished	Rent-Unfurnished	\$ _____
				Monthly Payment
_____				\$ _____

1 <sup>ST</sup> Mortgage Company and Address	Monthly Payment
_____	\$ _____

2 <sup>nd</sup> Mortgage Company and Address	Monthly Payment
_____	\$ _____

Year and Make of Automobile	Monthly Payment
_____	\$ _____

Year and Make of Automobile	Monthly Payment
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If any children are in private school or daycare, list - Name, school, yearly fees, amount of aid asked for, amount of aid received, and amount you will pay after aid is applied. If the school attended is Nierman Preschool, please disregard.

Name: \_\_\_\_\_ Yearly Fees: \_\_\_\_\_

School: \_\_\_\_\_ Amt. Aid Needed: \_\_\_\_\_ Amount

Aid Rec'd: \_\_\_\_\_ Amt. Your Payment: \_\_\_\_\_

Name: \_\_\_\_\_ Yearly Fees: \_\_\_\_\_

School: \_\_\_\_\_ Amt. Aid Needed: \_\_\_\_\_ Amount

Aid Rec'd: \_\_\_\_\_ Amt. Your Payment: \_\_\_\_\_

Name: \_\_\_\_\_ Yearly Fees: \_\_\_\_\_

School: \_\_\_\_\_ Amt. Aid Needed: \_\_\_\_\_ Amount

Aid Rec'd: \_\_\_\_\_ Amt. Your Payment: \_\_\_\_\_

If there are any exceptional items, please list them below as a per month expense. Examples of exceptional expense items: medical, psychiatric, education expenses, debt payments(not short term installment buying), large tax liabilities, charitable contributions, temple dues, support of a parent, child support, etc.

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

ADDITIONAL FINANCIAL INFORMATION

Amount of Cash in Checking: \$ \_\_\_\_\_

Name of Bank and Branch: \_\_\_\_\_

Amount of Cash in Savings: \$ \_\_\_\_\_

Name of Bank and Branch: \_\_\_\_\_

Amount Invested in Retirement Fund (i.e. 401(k), TDA, etc.)

\_\_\_\_\_ \$ \_\_\_\_\_

Fund or Company Name Balance of Account

\_\_\_\_\_ \$ \_\_\_\_\_

Fund or Company Name Balance of Account

\_\_\_\_\_ \$ \_\_\_\_\_

Fund or Company Name Balance of Account

List any Additional Investments

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

**If there is any other information you want the scholarship committee to know, please submit them in writing as a letter addressed to the committee and attach it to your completed packet.**

The undersigned hereby verifies that all the above information is true and may be verified with any of the above.

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Spouse)

LAWRENCE FAMILY JEWISH COMMUNITY CENTERS

FINANCIAL ASSISTANCE  
REQUEST FORM

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

I / We request financial assistance at the JCC for:

1. MEMBERSHIP

A-Yes Category \_\_\_\_\_ FEE \$ \_\_\_\_\_

B-No I / We have a valid JCC Membership.

The renewal date is \_\_\_\_\_.

2. CAMP JAYCEE (Membership must be valid throughout the attendance period.)

A - Yes

a. Have you registered your child(ren)? Yes / No

Name(s) and Birthdate(s): \_\_\_\_\_

b. Session names and dates: \_\_\_\_\_

c. Has a deposit been made? Yes / No When? \_\_\_\_\_

Amount of Deposit: \$ \_\_\_\_\_

d. Total fee (including deposit): FEE \$ \_\_\_\_\_

B - No

3. PRESCHOOL (Membership must be valid throughout school year.)

A - Yes

a. Have you registered your child(ren)? Yes / No

Name(s) and Birthdate(s): \_\_\_\_\_

b. Program Title: \_\_\_\_\_

c. Has a deposit been made? Yes / No When? \_\_\_\_\_

Amount of Deposit: \$ \_\_\_\_\_

d. Total fee (including deposit): FEE \$ \_\_\_\_\_

B - No

4. EXTENDED CARE - Kid Konnection or J\*Team (Membership must be valid throughout school year.)

A - Yes

a. Have you registered your child(ren)? Yes / No  
Name(s) and Birthdate(s): \_\_\_\_\_

b. Approximate Number of Hours Per Week: \_\_\_\_\_

c. Total fee (per week) FEE \$ \_\_\_\_\_

FOR J\*TEAM ONLY :

d. Will you use bus transportation Yes / No

e. From what school: \_\_\_\_\_

Approximate Number of Days per Week: \_\_\_\_\_

d. Total fee (per week): FEE \$ \_\_\_\_\_

B - No

5. Other- Name of Program \_\_\_\_\_

A - Yes

a. Have you registered your child(ren)? Yes / No  
Name(s) and Birthdate(s): \_\_\_\_\_

d. Program Title: \_\_\_\_\_

e. Has a deposit been made? Yes / No When? \_\_\_\_\_

Amount of Deposit: \$ \_\_\_\_\_

d. Total fee (including deposit): FEE \$ \_\_\_\_\_

B - No

TOTAL FEES \$ \_\_\_\_\_

I / We feel that we can contribute the following amount  
Toward the total fees: \$ \_\_\_\_\_

I / We are requesting a scholarship of: \$ \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_  
(Spouse)

FOR SCHOLARSHIP OFFICE PURPOSES ONLY

Date Received \_\_\_\_\_ By \_\_\_\_\_



Qualcomm Sports, Fitness & Aquatics Complex  
 Lawrence Family Jewish Community Center • JACOBS FAMILY CAMPUS  
 Mandell Weiss Eastgate City Park • 4126 Executive Drive • La Jolla, CA 92037-1348  
 (858) 457-3030 • Fax (858) 450-6835

**JCC MEMBERSHIP NOTES:**

## MEMBERSHIP APPLICATION

<b>MEMBERSHIP PLAN:</b> <input type="checkbox"/> Standard <input type="checkbox"/> Outlying <input type="checkbox"/> Communal <input type="checkbox"/> SnowBird <input type="checkbox"/> Corporate  _____ Name of Company	<b>TYPE OF MEMBERSHIP:</b> <input type="checkbox"/> Family <input type="checkbox"/> Student <input type="checkbox"/> Bonim <input type="checkbox"/> Couple <input type="checkbox"/> Teen (13-17) <input type="checkbox"/> Mitzvah <input type="checkbox"/> Single Parent <input type="checkbox"/> Senior Individual (62+) <input type="checkbox"/> Chai <input type="checkbox"/> Individual (31-61) <input type="checkbox"/> Senior Couple (62+) <input type="checkbox"/> Double Chai <input type="checkbox"/> Young Professional (18-30) <input type="checkbox"/> Public Servant <input type="checkbox"/> Shalom	<b>PAYMENT OPTION:</b> Membership Begins _____ <input type="checkbox"/> Payment-in-full <input type="checkbox"/> Bank Draft <input type="checkbox"/> Credit Card Draft
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### ADULT INFORMATION

<b>BILLING MEMBER</b>	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss <input type="checkbox"/> Ms. <input type="checkbox"/> Dr. <input type="checkbox"/> Rabbi                      Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
	First Name: _____ M.I.: _____ Last Name: _____
	Street Address: _____ City: _____ State: _____ Zip: _____
	E-mail Address: _____ Date of Birth: _____
	Home Phone: _____ Cell Phone: _____ Business Phone: _____
	Employer: _____ Occupation: _____
<b>CO-APPLICANT</b>	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss <input type="checkbox"/> Ms. <input type="checkbox"/> Dr. <input type="checkbox"/> Rabbi                      Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
	First Name: _____ M.I.: _____ Last Name: _____
	Street Address: _____ City: _____ State: _____ Zip: _____
	E-mail Address: _____ Date of Birth: _____
	Home Phone: _____ Cell Phone: _____ Business Phone: _____
	Employer: _____ Occupation: _____
Emergency Contact: _____ Relationship: _____ Emergency Phone: _____	

### CHILDREN INFORMATION

Circle One

Name: _____	M/F	D.OB. _____	Grade: _____	School: _____
Name: _____	M/F	D.OB. _____	Grade: _____	School: _____
Name: _____	M/F	D.OB. _____	Grade: _____	School: _____
Name: _____	M/F	D.OB. _____	Grade: _____	School: _____
Name: _____	M/F	D.OB. _____	Grade: _____	School: _____

Lawrence Family Jewish Community Center • JACOBS FAMILY CAMPUS

**RELEASE, WAIVER OF LIABILITY, AND ASSUMPTION OF RISK AGREEMENT**

THIS IS A LEGALLY BINDING RELEASE, WAIVER, INDEMNIFICATION OF LIABILITY, AND ASSUMPTION OF RISK AGREEMENT. Please read it carefully before signing.

I/We agree to abide by the rules and by-laws of the Lawrence Family Jewish Community Center-JACOBS FAMILY CAMPUS (JCC). **Membership is neither transferable nor refundable and covers a minimum of a one year time period.** Membership is a privilege, which may be revoked with or without cause at any time by the Executive Director or the Board of Directors. Any unused prepaid membership fees will be returned on a pro-rated basis upon revocation of membership.

I/We acknowledge and agree that the JCC shall not be responsible or liable for any accident, injury, loss or damage whatsoever sustained by me, my family members or my guests, which may occur on or about the JCC premises or offsite at a JCC sponsored activity. I waive any claim which I, my family members or my guests may have against the JCC arising from or as a result of any such accident, injury, loss, or damage.

In case of emergency or if I become injured while attending or participating in a Lawrence Family Jewish Community Center of San Diego County function or program, I give permission to any licensed physician, surgeon, clinic, or hospital to secure proper treatment for the individuals named on this application.

It is the responsibility of every individual, his/her parents, or legal guardian to provide for his/her own accident and health coverage while participating in all JCC activities. The JCC does not provide any accident or health coverage for its members, guests, or participants.

I/We understand that the sports and fitness activities offered by the JCC are physical and include a risk of injury to oneself, family, or guests in the use of any facilities or apparatus, or participation in any exercise program. Specific risks vary from one activity to another and the risks range from minor injuries to major injuries, including death.

In consideration of my/our participation in the activities offered by the JCC, I/We understand and accept the risks associated with participation in activities at the JCC and use of the facilities or at offsite JCC activities, and agree that neither the JCC, or any of their officers, directors, agents, employees, volunteers, independent contractors, or any other person or entity associated with the JCC, will be liable for any personal injury or damage to myself or others, even if the injury was due to their negligence.

I/We acknowledge that the JCC does not manufacture fitness or other equipment, but purchases and/or leases equipment. I/We understand and acknowledge that the JCC is providing fitness and recreational services and may not be held liable for defective products.

I/We further agree that the JCC shall not be responsible or liable for any loss or damage whatsoever to and personal property owned by me, my family members or my guests, which may occur on or about the JCC premises or offsite at JCC sponsored activities, and I, on behalf of myself, my family members and my guests, hereby expressly waive any claim which I, my family members or my guests may have against the JCC arising from or as a result of any such loss or damage. It is therefore understood that all personal property of any kind shall be stored or utilized at the JCC at the sole risk and responsibility of me, my family members, or my guests.

I/We give permission to the JCC to use my name, and photographs in brochures, newspapers, broadcasts, telecasts, the JCC website and any other form of communication.

I/We assume the risk of and release, defend and hold the JCC harmless for any liability, for any death, physical or other injury/harm suffered by me, my family, or my guests during or as a consequence of my/our presence at the facilities or my/our participating in any JCC activity, whether or not related to exercise. Therefore, I/We agree to indemnify, defend and hold the JCC harmless against any liability, damages, defense costs, including attorneys fees, or from any other costs incurred in connection with the claims for bodily injury, wrongful death, or property damage brought by myself, my family, or my guests.

This waiver and release shall be binding on my agents, heirs, and assigns and shall apply to all sponsors, official, officers, directors, agents, employees, volunteers, independent contractors, or any other individuals or entities in any way connected with the JCC.

**I/We, the undersigned, have read the above statements and hereby make application for membership at the Lawrence Family Jewish Community Center – JACOBS FAMILY CAMPUS.**

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Signature of Co-Applicant \_\_\_\_\_ Date \_\_\_\_\_



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**General Fitness Information** (One Form Per Person)

Name \_\_\_\_\_ Phone # (H) \_\_\_\_\_  
 Phone # (W) \_\_\_\_\_ E-mail \_\_\_\_\_  
 Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_  
 Birth Date \_\_\_\_\_ JCC Member?  Yes  No  
 Physician's Name \_\_\_\_\_ Physician's Phone \_\_\_\_\_  
 Please list any medications you are currently taking and the reason for taking it \_\_\_\_\_  
 \_\_\_\_\_  
 In Case Of Emergency Please Contact \_\_\_\_\_  
 Contact Name \_\_\_\_\_ Contact Phone # \_\_\_\_\_

**Qualcomm Sports, Fitness & Aquatics Complex Rules**

1. Members ONLY. Members must carry membership card at ALL times.
2. Must be 15 years old to use the work out facilities.
3. No Children are allowed in work out room (this includes infants).
4. Proper athletic attire is required (must wear shirts at all times - no bathing suits, please).
5. Athletic shoes required (no open toe shoes).
6. No athletic or personal bags allowed in work out room (please keep all personal belongings in a locker).
7. No food or drinks allowed (plastic water bottles are allowed).
8. Must bring a towel into the Fitness Center.
9. Maximum 25 minutes on any cardiovascular machine if others are waiting.
10. Must allow partner work-ins.
11. Please wipe down machines when finished.
12. Staff person on duty has authority to enforce all rules and request to see a JCC membership card at any time.
13. Please refrain from wearing perfumes or fragrances in consideration of those with allergies.
14. No cell phone use in work out room.

**We appreciate your cooperation in maintaining the  
 Qualcomm Sports, Fitness & Aquatics Complex for everyone's enjoyment and comfort.**

**— We recommend you consult your physician before you start an exercise program. —**

**Waiver:** This document is a release. By signing I: 1. acknowledge that injury may result from performing any exercise routine or engaging similarly strenuous activity; 2. represents to the LFIJCC Jacobs Family Campus that I am in good, sound health and physical conditions; 3. have no conditions that would prevent me from engaging in such activities or that would make it dangerous, harmful or inadvisable for me to do so; and 4. that I have, to the extent that I deem it necessary, consulted and have been advised by a medical doctor; 5. assume the risk and release of defend and hold the LFIJCC harmless for any liability, for any physical injury or harm during or as a consequence participating in the educational and exercise programs or performing such exercise routines or engaging on other strenuous activity. This waiver and release shall be binding on my heirs and assigns shall run in favor of the LFIJCC of San Diego, and all promoters, sponsors, officials and individuals or entities in any way connected with this event though their liability may arise of our negligence or carelessness on their part. I have carefully read, understand and agree to the above.

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

