

# JCC FINANCIAL ASSISTANCE

## Camp & Preschool Scholarship Packet Check List

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

Received by: \_\_\_\_\_

Name of Applicant: \_\_\_\_\_

Type of Membership: \_\_\_\_\_

Duration of Membership:  3 month  Full year

Please check if applicible:

- |                          |     |                          |    |   |
|--------------------------|-----|--------------------------|----|---|
| <input type="checkbox"/> | YES | <input type="checkbox"/> | NO | Will Be Attending Pre-Camp                  |
| <input type="checkbox"/> | YES | <input type="checkbox"/> | NO | Will Be Attending Post-Camp                 |
| <input type="checkbox"/> | YES | <input type="checkbox"/> | NO | Will Need KK or Jteam                       |
| <input type="checkbox"/> | YES | <input type="checkbox"/> | NO | Scholarship Application Completed           |
| <input type="checkbox"/> | YES | <input type="checkbox"/> | NO | Financial Assistance Request Form Completed |
| <input type="checkbox"/> | YES | <input type="checkbox"/> | NO | Membership Application Completed            |
| <input type="checkbox"/> | YES | <input type="checkbox"/> | NO | FACTS Packet Submitted To FACTS             |
| <input type="checkbox"/> | YES | <input type="checkbox"/> | NO | Copy Of Program Registration Included       |
| <input type="checkbox"/> | YES | <input type="checkbox"/> | NO | Deposit Received: _____                     |

Date Received by Accounting: \_\_\_\_\_

Attention: Rachel Stabile

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

LAWRENCE FAMILY JEWISH COMMUNITY CENTERS  
INSTRUCTIONS  
FINANCIAL ASSISTANCE FORMS

1. Applicants must observe submission deadline: **April 1, 2017**
2. All applicants must complete both the Financial Assistance Packet and the FACTS Grant and Aid Application.

**A - Complete FACTS Grant and Aid Application** including:  
1. Current Years Income Tax Report Form 1040

**The FACTS Application must be submitted directly to FACTS either online or mailed. You must fax or mail your tax return and pay stubs directly to FACTS if applying online.**

Please submit to the following fax number or mailing address:

FACTS Grant and Aid Assessment  
P.O. Box 82524  
Lincoln, NE 68501-2524

Fax: 866-315-9264

To apply online to FACTS: [www.factstuitionaid.com](http://www.factstuitionaid.com)

**B - JCC Financial Assistance Packet** which includes:  
1. Financial Assistance Request Form (2 pages)  
2. Scholarship Application (3 pages)  
3. Membership Application

**A copy of your camp and/or preschool application must also be submitted.**

**The JCC Financial Assistance Packet must be submitted to the JCC. Return completed packets to Rachel Stabile (Executive Assistant-2<sup>nd</sup> floor-Administrative Offices)**

3. **C- The Original Preschool and/or Camp registration form MUST be submitted to the Preschool and/or Camp Office**

**D - Minimum Deposit-**  
\$ 450 per child for Preschool-(\$100.00 of App Fee is Non-Refundable)  
\$ 100 per child for Camp  
\$ 550 per child Preschool/Camp Combination- (\$100.00 of App Fee is Non-Refundable)

**The balance of the application fee is non-refundable after scholarship acceptance.**

For all other programs, please contact the Accounting Office for minimum deposit amounts.

4. **Both the FACTS Application and the Supplemental Scholarship Packet must be submitted completely in order to process your request. An incomplete form will be not be processed until further information is provided and space in the program will not be saved.**
5. It is necessary to resubmit an updated request form, even if one has been completed previously during the calendar year.

6. Applicants must complete each line on the Application and Request Forms using N/A (not applicable) where appropriate. An incomplete packet will not be processed until complete. Only completed packets are forwarded to the Scholarship Committee.
7. **Current year W-2 and tax return MUST be submitted to FACTS.** If you are self-employed, the business tax return is required along with the 1040. If filing an extension, a statement of estimated tax liability is required.
8. 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.

THE LFJCC FINANCIAL AID COMMITTEE RESERVES THE RIGHT TO CHANGE ITS POLICY REGARDING FINANCIAL AID AT ANY TIME WITHOUT PRIOR NOTICE.

**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 PUT IN THE INCOMPLETE PILE AND MAY 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 all donors who have generously given to the scholarship fund.

### The Process for Camp and Preschool

February 1-April 1	During this time, applicants are asked to pick up a Scholarship application packet <del>from the front desk or Preschool and/or Camp Office.</del>
April 1	On this date, all <u>completed</u> application forms will be prioritized, by need, by the Scholarship Committee. A complete and submitted FACTS application along with the JCC Financial Assistance -Part B Supplemental Scholarship Packet are considered a completed application packet. This 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 2-May 31	All applications will be reviewed.
After May 15th	Soon after the review process, recipient will receive an e-mail from the JCC detailing the scholarship package. Applicant must sign and return copy of this letter to Accounts Receivable in order to accept the terms of the scholarship. <b>Applicant is also required to sign a promissory note and include debit or credit card in accordance with the promissory note in the scholarship package. If the signed letter <u>is not</u> returned to the JCC within 10 days, the scholarship award will be forfeit.</b>

### 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 Rachel Stabile (Executive Assistant- 2<sup>nd</sup> floor Executive Offices). The Scholarship Committee will make the determination of aid based on whether funds are 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.

## **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?**

April 1, 2017.

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

The **entire** scholarship packet must be filled out along with the FACTS online application.

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

Camp and Preschool - approximately 6-8 weeks from the deadline

### **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?**

\$350.00 of the Preschool Application Fee will be returned.

Full Refund of the \$100.00 Camp Deposit. Provided that a refund is requested within 10 days of receipt of award notification.

**8. What if I filed an extension for my taxes?**

Please provide current pay stubs, W-2's, previous years tax return and a copy of the application to file a tax extension along with your completed scholarship packet.

**9. 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.

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

You can still submit your application; however, all available funds may have already been disbursed. If any funds are available, your application will be reviewed and considered.

**IMPORTANT NOTES: 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.**

**NOT COVERED BY 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

FINANCIAL ASSISTANCE  
REQUEST FORM

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:  
(Note: We do not provide 100% financial assistance)

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

Signature \_\_\_\_\_

Date \_\_\_\_\_

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

Date \_\_\_\_\_

FOR SCHOLARSHIP OFFICE PURPOSES ONLY

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

By \_\_\_\_\_



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

_____	\$ _____
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1 <sup>ST</sup> Mortgage Company and Address	Monthly Payment
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_____	\$ _____
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2 <sup>ND</sup> Mortgage Company and Address	Monthly Payment
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_____	\$ _____
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Year and Make of Automobile	Monthly Payment
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_____	\$ _____
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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.

_____	\$ _____
-------	----------

_____	\$ _____
-------	----------

_____	\$ _____
-------	----------

_____	\$ _____
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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)