

## JCC FINANCIAL ASSISTANCE

Membership & Other Programs (NOT PRESCHOOL OR CAMP)

### Scholarship Packet Received Check List

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

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

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

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

Duration of Membership: ☐ 3 month ☐ Full year

☐ YES ☐ NO Scholarship Application Completed

☐ YES ☐ NO Financial Assistance Request Form Completed

☐ YES ☐ NO Membership Application Completed

☐ YES ☐ NO Copy of Tax Return Included?

If No, Why? \_\_\_\_\_

☐ YES ☐ NO Copy of pay stubs or proof of current income included?

☐ YES ☐ NO Copy of Program Registration Form included?

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

Attention: Cynthia Zena

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

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 - Program Registration - Year Round  
D - Maccabi Games - Year Round  
E - March Of The Living - Year Round
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  
    \$ 150 per child for Maccabi Games  
    \$ 500 per child March Of The Living  
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.

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 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 Membership and Programs NON Preschool/Camp or Maccabi

Year Round      During this time, applicants are asked to pick up an application packet from the front desk.

Once the application is reviewed the recipient will receive an official letter 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. 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 is not returned to the JCC by the specified deadline date, the scholarship award will be forfeit and given to another applicant.

### Applications received after the specified 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 Carolyn Savage. 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.

**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

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**

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

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

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 \_\_\_\_\_

# MEMBERSHIP APPLICATION

Staff: \_\_\_\_\_

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

## MEMBER INFORMATION : PRIMARY MEMBER

Title: <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"/> M <input type="checkbox"/> F		Date of Birth: / /	
Last Name:		M.I.:		First Name:	
Street Address:		City:		State:	Zip:
Email:		Home Phone:		Cell Phone:	
Occupation:		Employer:			
Emergency Contact (Other than co-applicant):			Phone:		Relationship:

## ADDITIONAL MEMBER

Title: <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"/> M <input type="checkbox"/> F		Date of Birth: / /	
Last Name:		M.I.:		First Name:	
Street Address:		City:		State:	Zip:
Email:		Home Phone:		Cell Phone:	
Occupation:		Employer:			

## CHILDREN

Name / Age / DOB:	<input type="checkbox"/> M <input type="checkbox"/> F	Name / Age / DOB:	<input type="checkbox"/> M <input type="checkbox"/> F
Name / Age / DOB:	<input type="checkbox"/> M <input type="checkbox"/> F	Name / Age / DOB:	<input type="checkbox"/> M <input type="checkbox"/> F

Member referred by: \_\_\_\_\_

### CODE OF CONDUCT

The Lawrence Family Jewish Community Center, JACOBS FAMILY CAMPUS (LFJCC) is committed to providing a friendly and comfortable environment for all. Inappropriate conduct or language is not tolerated. Appropriate athletic wear, shirt and shoes are required at all times. Closed-toed shoes are required while using the athletic courts, participating in fitness training or classes, and inside the Fitness Center. As a courtesy to other members, please refrain from cell phone use within the Fitness Center. The LFJCC, through its President/CEO or delegate, reserves the right to remove from the premises any individual acting in an inappropriate manner and further reserves the right to cancel the membership of any such person without refund. Smoking and weapons of any kind are prohibited on the campus.

Initials: \_\_\_\_\_

### CANCELLATION POLICY

I/We acknowledge that memberships are billed monthly and continues until notification of cancellation is received. If I/We wish to terminate my/our membership, I/we must give **30-day written notice** prior to the first of the month, return all membership cards and complete an exit survey and I/we understand that membership at LFJCC is non-transferable or non-refundable. I/We acknowledge that all parties on the account must be in good financial standing to retain membership.

Initials: \_\_\_\_\_

### GUIDELINES FOR LFJCC MEMBERSHIPS WITH YOUNG CHILDREN

Members under the age of 15 are not allowed in the Fitness Center except under the following conditions:

- Teens ages 13-14 must complete certification in order to use LFJCC Fitness Center.

### Hriedenberg Olympic Pool:

- Children under the age of 15 must be accompanied by a parent or guardian.
- Children under the age of 13 are not permitted in the spa.

For general information and rules please visit [lfjcc.org](http://lfjcc.org).

Initials: \_\_\_\_\_

### GUEST PASSES AND GUEST POLICY

Guests of members are welcome at the LFJCC and must be accompanied by a member. Guest passes are electronically tracked on your membership account, and guests are required to check in with guest services to complete a guest form. Each membership receives 1 complimentary guest pass per month, after which additional guest passes may be purchased at the daily rate of \$15 for guests who are 15 or older.

Initials: \_\_\_\_\_

### MEMBERSHIP CARDS

Membership cards are issued to each member aged 15 and over and are required to access the facility. Teens aged 13-14 in order to be issued a membership card and use the LFJCC Fitness Center. All members are required to show their badge upon entering the center. If for any reason the membership card is not presented upon check-in, an ID and verification of current membership is required. Any LFJCC staff member may ask for proof of membership at any time while you are in the center. Replacement membership cards may be obtained from the membership desk for \$10.

Initials: \_\_\_\_\_

### LOCKER ROOMS

Lockers are available for daily use in both the men's and women's locker rooms at no charge. Children over 4 years of age may not be in a locker room designated for the opposite sex. For your convenience, please use our family locker room. Please check with a Guest Services or Fitness Representative for more information.

Initials: \_\_\_\_\_

### FITNESS FACILITY HOURS

**Monday - Thursday:** 6:00 A.M. - 9:00 P.M.

**Friday:** 6:00 A.M. - 5:00 P.M.

**Saturday - Sunday:** 7:00 A.M. - 5:00 P.M.

**Weekend Summer Hours:** (Memorial Day to Labor Day)

**Friday:** 6:00 A.M. - 6:00 P.M.

**Saturday - Sunday:** 7:00 A.M. - 6:00 P.M.

Hours are subject to change. Please visit our website for holiday hours, [lfjcc.org](http://lfjcc.org).

Initials: \_\_\_\_\_

### PHOTO AND SOCIAL MEDIA RELEASE

I/We give my permission to the LFJCC to use my name, family members' names and photographs in brochures, newspapers, broadcasts, telecasts, social media, the LFJCC website and any other form of communication, trade, and for any other lawful purpose whatsoever without the opportunity to approve or review the finished product that may be used in connection therewith or the use to which it may be applied.

Initials: \_\_\_\_\_

### ARBITRATION AGREEMENT

I/We understand that my participation in physical conditioning and recreational programs is at my own and/or my family's own risk. All disputes that may arise out of this relationship, including but not limited to whether based on tort, contract, statute, equitable law or otherwise, shall be submitted in binding arbitration.

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

Initials: \_\_\_\_\_

### INDEMNITY

I/We assume the risk of and release, defend and hold the LFJCC harmless for any liability, for any death, physical or other injury/harm suffered by me, my family, or my guests as a consequence of my/our participating in any LFJCC activity, whether or not related to exercise. Therefore, I/we agree to indemnify, defend and hold the LFJCC 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, officials, officers, directors, agents, employees, volunteers, independent contractors, or any other individuals or entities in any way connected with the LFJCC.

Initials: \_\_\_\_\_

Primary Member Name (please print): \_\_\_\_\_

Primary Member Signature: \_\_\_\_\_

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



## 1. Choose Your Membership

### MEMBERSHIP RATES

### SUPPORTING MEMBERSHIP

CATEGORY	DESCRIPTION	MONTHLY	REGISTRATION	CATEGORY
<input type="checkbox"/> Teen/Young Adult*	Ages 13-30	\$30	\$25	<input type="checkbox"/> Shalom
<input type="checkbox"/> Individual	Ages 31-64	\$55	\$50	<input type="checkbox"/> Double Chai
<input type="checkbox"/> Couple	Two adults same household	\$100	\$50	<input type="checkbox"/> Chai
<input type="checkbox"/> Family I*	One adult & children under 22	\$65	\$50	<input type="checkbox"/> Mitzvah
<input type="checkbox"/> Family II*	Two adults & children under 22	\$110	\$50	
<input type="checkbox"/> Senior	Ages 65+	\$35	\$25	
<input type="checkbox"/> Senior Couple	Ages 65+	\$65	\$50	
<input type="checkbox"/> Corporate	Minimum purchase of five membership units	\$310		

\*Individuals ages 13-14 must complete a certification in order to use the Fitness Center

See supporting membership rate sheet for prices.

## 2. Jump-Start Your Fitness

### LIVE UP™ OPTIONS

<input type="checkbox"/> Fitness Center orientation w/personal trainer	\$75-FREE (one hour)
<input type="checkbox"/> Masters swim program	FREE
<input type="checkbox"/> Six – one hour personal training sessions	\$400 \$199

## 3. Rejuvenate Yourself

### BE WELL OPTIONS

<input type="checkbox"/> Access to sauna (women's locker room) or steam room (men's locker room)	FREE
<input type="checkbox"/> Over ten yoga & meditation classes per week	FREE
<input type="checkbox"/> 30-minute / 60-minute / 90-minute massage	\$37 / \$75 / \$115

## 4. Calculate Your Total

Registration Fee	\$
Membership Rate	\$
Other	\$
<b>Total Due Today</b>	<b>\$</b>

## 5. Payment Information

☐ Visa ☐ Mastercard ☐ Discover ☐ Amex

Signature:

Date:

Name on Card:

Card Number:

Exp. Date:

## **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 scholarships the deadline is.  
March Of The Living deadline is.

Membership, and all other NON Camp Preschool or Maccabi Programs are accepted year round.

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

The entire JCC Financial Assistance Membership & other Programs Scholarship Packet must be filled out, signed and submitted along with the most current year's 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 - approximately 4 weeks from the deadline

Membership and all other Programs-approximately 2 weeks after submittance

### **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; however, all available funds may have already been disbursed. 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.**