

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: Cynthia Zena

Date Received: _____

LAWRENCE FAMILY JEWISH COMMUNITY CENTERS
INSTRUCTIONS
FINANCIAL ASSISTANCE FORMS

1. Applicants must observe submission deadline: **March 1, 2019**
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. Prior Years (2017) 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

B - JCC Financial Assistance Packet which includes:

1. Financial Assistance Request Form (2 pages)
2. Scholarship Application (3 pages)
3. Copy of Program Registration
4. Membership Application

The JCC Financial Assistance Packet must be submitted to the JCC. Return completed Packets to Rachel Stabile (Executive Assistant-2nd 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 complete 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 on to the Scholarship Committee.
7. **Prior 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 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 IT'S 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 the following donors who have generously given to the scholarship fund:

Community Campership Council
Harry and Jeanette Weinberg Foundation
Hutler Camp Scholarship Endowment
Jack & Sigrid Fischer Scholarship Fund

Joan and Irwin Jacobs
Soontup Estate
United Jewish Federation
Wells Fargo Bank

The Process for Camp and Preschool

January 1-February 15 During this time, applicants are asked to pick up a Scholarship application packet from the **front desk** or the **preschool/camp office**.

February 18th On this date, all completed 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.

February 18-March 1 All applications will be reviewed.

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 Accounts Receivable in order to accept the terms of the scholarship. **Applicant is also required to sign a promissory note and include a debit or credit card in accordance with the promissory note in the scholarship package. If the signed letter is not returned to the JCC within 10 days, the scholarship award will be forfeit.**

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- 2nd 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?

March 1, 2019

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. 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.

9. 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 \$ _____

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)



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:		

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.

Friedenberg 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.

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.

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	\$
Total Due Today	\$

5. Payment Information

Visa
 Mastercard
 Discover
 Amex

Signature: _____ Date: _____

Name on Card: _____

Card Number: _____ Exp. Date: _____