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 financial assistance process.

The Process for Camp and Preschool

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

February 25th
On this date, all completed application forms will be prioritized, by need, by the Financial Assistance Committee. This will include minimum deposit per child to hold their spot in the program. These applications will then be passed along to the Financial Assistance Committee.

February 18-March 1
After this date all applications will be reviewed.
Soon after the review process, recipient will receive an official letter from the JCC detailing the Financial Assistance Package. Applicant must sign and return copy of this letter to Accounts Receivable in order to accept the terms of the financial assistance. Applicant is also required to sign a promissory note and include a debit or credit card in accordance with the promissory note in the financial assistance package. If the signed letter is not returned to the JCC within 10 days, the financial assistance 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 Financial Assistance Committee. Late applicants will need to complete the packet and turn it in to Cynthia Zena (2nd floor of Executive Offices). The Financial Assistance 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.
FINANCIAL ASSISTANCE - FREQUENTLY ASKED QUESTIONS

1. Can I get 100% financial aid?

In order to help as many families as we can, the JCC does not award 100% financial assistance. 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 2, 2020

3. What do I have to submit?

The entire financial assistance 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 financial assistance awarded?

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

7. What if I don’t get enough financial assistance 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 FINANCIAL ASSISTANCE IN THE PAST AND DID NOT FULFILL THE OBLIGATIONS OF THE AGREEMENT, YOU WILL NOT BE ELIGIBLE FOR ANY FUTURE FINANCIAL AID FUNDS UNTIL YOUR ACCOUNT IS PAID IN FULL.

NOT COVERED BY FINANCIAL ASSISTANCE:
ENRICHMENTS, CAMP BUS FEES, IMMERSIONS, FOOD, LATE FEES OF ANY KIND ARE NOT COVERED WITHIN THE FINANCIAL AID AWARD.
Attention: Cynthia Zena

Date Received: ___________

LAWRENCE FAMILY JEWISH COMMUNITY CENTER
INSTRUCTIONS FOR
FINANCIAL ASSISTANCE FORMS

1. Applicants must observe submission deadline: March 2, 2020

2. All applicants must complete both the (A) FACTS Grant and Aid Application and the (B) JCC Financial Assistance Packet and include there most recently filed Income Tax Return, Form 1040.

   A. 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. Financial Assistance Application (3 pages)
      3. Copy of Program Registration
      4. Membership Application

   The JCC Financial Assistance Packet must be submitted to the JCC. Return the completed Packets to Cynthia Zena (Accounts Receivable Specialist-2nd floor of Administrative Offices).

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

   Minimum Deposit-
   o $ 450 per child for Preschool - ($100.00 of Application fee is non-refundable)
   o $ 100 per child for Camp
   o $ 550 per child Preschool/Camp Combination- ($100.00 of App Fee is Non-Refundable)
The balance of the application fee is non-refundable after financial assistance acceptance.

4. Both the FACTS Application and the Supplemental Financial Assistance Packet must be submitted complete in order to process your request. An incomplete form will not be processed until further information is provided; in addition, 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 onto the Financial Assistance Committee.

7. Your most recently filed income 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.

8. If you feel that there are other pertinent pieces of information that need to be explained, please write a letter to the financial assistance 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 FINANCIAL ASSISTANCE, YOUR ACCOUNT MUST BE CURRENT AND IN GOOD STANDING. IF IT IS NOT, THE COMPLETED FINANCIAL ASSISTANCE PACKET WILL NOT BE CONSIDERED FOR AID.

** Applications received past the deadline will have lower priority and may possibly not receive financial assistance funds.
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 financial assistance of:    $________
(Note: We do not provide 100% financial assistance)

Signature __________________________  Date ___________

Signature __________________________  Date ___________

(Spouse)

FOR ACCOUNTING OFFICE PURPOSES ONLY

Date Received ___________  By __________________________

2 of 2 Pages
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: ___________________________ Birthday: ___________________________
Name: ___________________________ Birthday: ___________________________
Name: ___________________________ Birthday: ___________________________
Name: ___________________________ Birthday: ___________________________

If any children attend college and you are subsidizing them, list below - Name, birthday, school attending, and amount of subsidy:
Name: ___________________________ Birthday: ___________________________
School: ___________________________ Amount: __________________________
Name: ___________________________ Birthday: ___________________________
School: ___________________________ Amount: __________________________
Name: ___________________________ Birthday: ___________________________
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.)

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<thead>
<tr>
<th>Source</th>
<th>Amount</th>
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<tbody>
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EXPENSES

Residence-Circle One

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<thead>
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<th>Category</th>
<th>Amount</th>
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<tbody>
<tr>
<td>Own</td>
<td>$</td>
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<tr>
<td>Buying</td>
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<td>Rent-Furnished</td>
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<tr>
<td>Rent-Unfurnished</td>
<td>$</td>
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<tr>
<td>Monthly Payment</td>
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1st Mortgage Company and Address

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<th>Amount</th>
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<td>Monthly Payment</td>
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2nd Mortgage Company and Address

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<th>Amount</th>
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Year and Make of Automobile

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<tr>
<td>Monthly Payment</td>
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</tbody>
</table>

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.

<table>
<thead>
<tr>
<th>Name</th>
<th>Yearly Fees</th>
<th>Amt. Aid Needed</th>
<th>Amount</th>
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<tbody>
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Aid Receivable

<table>
<thead>
<tr>
<th>Name</th>
<th>Yearly Fees</th>
<th>Amt. Aid Needed</th>
<th>Amount</th>
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<th>Amount</th>
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<th>Yearly Fees</th>
<th>Amt. Aid Needed</th>
<th>Amount</th>
</tr>
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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.

<table>
<thead>
<tr>
<th>Amount</th>
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<td>$</td>
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</tbody>
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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 financial assistance 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: [Blank] Date: [Blank]

MEMBER INFORMATION : PRIMARY MEMBER

- Title: [Blank] - Gender: [Blank] - Date of Birth: [Blank]
- Last Name: [Blank] - M.I.: [Blank] - First Name: [Blank]
- Street Address: [Blank] - City: [Blank] - State: [Blank]
- Zip: [Blank]
- Email: [Blank] - Home Phone: [Blank] - Cell Phone: [Blank]
- Occupation: [Blank] - Employer: [Blank]
- Emergency Contact (Other than co-applicant): [Blank] - Phone: [Blank] - Relationship: [Blank]

ADDITIONAL MEMBER

- Title: [Blank] - Gender: [Blank] - Date of Birth: [Blank]
- Last Name: [Blank] - M.I.: [Blank] - First Name: [Blank]
- Street Address: [Blank] - City: [Blank] - State: [Blank]
- Zip: [Blank]
- Email: [Blank] - Home Phone: [Blank] - Cell Phone: [Blank]
- Occupation: [Blank] - Employer: [Blank]

CHILDREN

- Name / Age / DOB: [Blank] - M: [Blank] F: [Blank]
- Name / Age / DOB: [Blank] - M: [Blank] F: [Blank]

Member referred by: [Blank]

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.

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.

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.

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 representative for more information.

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.

PHOTO AND SOCIAL MEDIA RELEASE

I/we acknowledge and agree that the LFJCC shall not be responsible 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.

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.

Primary Member Name (please print): [Blank] Primary Member Signature: [Blank] Date: [Blank]

INITIALS: [Blank]
1. Choose Your Membership

<table>
<thead>
<tr>
<th>CATEGORY</th>
<th>DESCRIPTION</th>
<th>MONTHLY</th>
<th>REGISTRATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Teen/Young Adult*</td>
<td>Ages 13-30</td>
<td>$36</td>
<td>$60</td>
</tr>
<tr>
<td>Individual</td>
<td>Ages 31-64</td>
<td>$58</td>
<td>$120</td>
</tr>
<tr>
<td>Couple</td>
<td>Two adults same household</td>
<td>$110</td>
<td>$120</td>
</tr>
<tr>
<td>Family I*</td>
<td>One adult &amp; children under 22</td>
<td>$70</td>
<td>$120</td>
</tr>
<tr>
<td>Family II*</td>
<td>Two adults &amp; children under 22</td>
<td>$120</td>
<td>$120</td>
</tr>
<tr>
<td>Senior</td>
<td>Ages 65+</td>
<td>$36</td>
<td>$60</td>
</tr>
<tr>
<td>Senior Couple</td>
<td>Ages 65+</td>
<td>$70</td>
<td>$120</td>
</tr>
<tr>
<td>Corporate</td>
<td>Minimum purchase of five membership units</td>
<td>$340</td>
<td></td>
</tr>
</tbody>
</table>

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

Membership rates subject to change.

2. Jump-Start Your Fitness

<table>
<thead>
<tr>
<th>LIVE UP+ OPTIONS</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Fitness Center orientation w/personal trainer</td>
<td>$80 FREE (one hour)</td>
</tr>
<tr>
<td>Masters swim program</td>
<td>FREE</td>
</tr>
<tr>
<td>Six – one hour personal training session</td>
<td>$400 $240</td>
</tr>
</tbody>
</table>

One per member, valid in first 3 months of membership

3. Rejuvenate Yourself

<table>
<thead>
<tr>
<th>BE WELL OPTIONS</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Access to SAUNA (women’s locker room) or STEAM ROOM (men’s locker room)</td>
<td>FREE</td>
</tr>
<tr>
<td>Over ten YOGA &amp; MEDITATION classes per week</td>
<td>FREE</td>
</tr>
<tr>
<td>30-minute / 60-minute / 90-minute MASSAGE</td>
<td>$37 / $75 / $115</td>
</tr>
</tbody>
</table>

4. Calculate Your Total

<table>
<thead>
<tr>
<th>Registration Fee</th>
<th>$</th>
</tr>
</thead>
<tbody>
<tr>
<td>Membership Rate</td>
<td>$</td>
</tr>
<tr>
<td>Other</td>
<td>$</td>
</tr>
<tr>
<td>Total Due Today</td>
<td>$</td>
</tr>
</tbody>
</table>

5. Payment Information

- Visa
- Mastercard
- Discover
- Amex

Signature: Date:
Name on Card:
Card Number: Exp. Date: