



775 Talamini Road, Bridgewater, NJ 08807

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

## FINANCIAL ASSISTANCE APPLICATION

*Only one copy of this application, with attachments, is needed for all household members.*

### GENERAL INFORMATION

Adult name(s): \_\_\_\_\_

\_\_\_\_\_

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

Town/State/Zip \_\_\_\_\_

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

Cell \_\_\_\_\_

Work \_\_\_\_\_

Email: \_\_\_\_\_

### REQUESTED SCHOLARSHIPS:

*(please check all that apply)*

\_\_\_ Star Membership

\_\_\_ Basic Membership

\_\_\_ Camp Ruach

\_\_\_ Early Childhood

\_\_\_ "J"Crew

\_\_\_ Other \_\_\_\_\_

**Marital status:**    married    divorced    separated    single

### PROSPECTIVE SCHOLARSHIP RECIPIENTS

Name	Age <i>(if child)</i>	Relationship	Please list program scholarship is requested for:	\$ amount or % you feel you can pay for your fair share

Do you have other dependents? If yes, please describe here: \_\_\_\_\_

\_\_\_\_\_



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Who is responsible for the tuition for the dependent (s) listed.

\_\_ Father \_\_\_\_\_%      \_\_ Mother \_\_\_\_\_%      \_\_ Other \_\_\_\_\_%

Please explain why you need financial assistance, including extenuating circumstances that should be considered with your application (continue on additional paper if necessary):

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

Are you able to receive any financial assistance from relatives (i.e. grandparents, siblings) or other sources?  yes  no (if yes, please describe)

\_\_\_\_\_

Do you receive any financial assistance for any other programs that your child participates in? (i.e. religious institution, private school, etc.)?  yes  no (if yes, please describe)

\_\_\_\_\_

**STATEMENT OF INCOME**

**Annual \$**

- 1. Gross annual salary (total household) \$ \_\_\_\_\_
- 2. Worker's comp, unemployment, welfare, disability, Social Security, pension (circle all applicable) \$ \_\_\_\_\_
- 3. Interest, dividends, rental, insurance, annuities, trust fund (circle all applicable) \$ \_\_\_\_\_
- 4. Alimony and/or child support \$ \_\_\_\_\_
- 5. Relatives \$ \_\_\_\_\_
- 6. Other (specify) \_\_\_\_\_ \$ \_\_\_\_\_

<b>TOTAL ANNUAL INCOME:</b>	\$ _____
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**STATEMENT OF EXPENSES**

**Annual \$**

- 1. Mortgage and/or rent payments \$ \_\_\_\_\_
- 2. Home equity loan (i.e., 2<sup>nd</sup> mortgage payments) \$ \_\_\_\_\_
- 3. Utilities (e.g., phone, gas, electric, cable) \$ \_\_\_\_\_
- 4. Personal loans payments describe \_\_\_\_\_ \$ \_\_\_\_\_
- 5. Alimony and/or child support \$ \_\_\_\_\_
- 6. Credit card debt payments describe \_\_\_\_\_ \$ \_\_\_\_\_
- 7. Car loan lease or loan payments make(s)/model(s)/year(s) \_\_\_\_\_ \$ \_\_\_\_\_
- 8. Medical/life insurance \$ \_\_\_\_\_
- 9. Food, clothing, non-reimbursed medical/prescriptions \$ \_\_\_\_\_
- 10. Recreation, entertainment, housekeeper, child care, babysitting (circle all applicable) \$ \_\_\_\_\_
- 11. Educational expenses describe \_\_\_\_\_ \$ \_\_\_\_\_
- 12. Memberships (e.g., religious organizations, town pool) describe \_\_\_\_\_ \$ \_\_\_\_\_
- 13. Other (specify) \_\_\_\_\_ \$ \_\_\_\_\_

<b>TOTAL ANNUAL EXPENSES:</b>	\$ _____
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**STATEMENT OF ASSETS & LIABILITIES**

1. Please provide any other assets including balances of your financial accounts/holdings (e.g., checking, savings, money market, stocks, CDs):

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

2. Please list any debt (e.g., loans, credit cards, legal judgments) that you have in addition to what is reflected in the "Statement of Expenses" section above:

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



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### CURRENT EMPLOYMENT

Please fill out for all adults in household:

Name: _____	Name: _____
Employer: _____	Employer: _____
Employer address: _____	Employer address: _____
Employer phone: _____	Employer phone: _____
Position: _____	Position: _____
# of years at employer: _____	# of years at employer: _____
Prior employer: _____ <i>(if current &lt;3 yrs.)</i>	Prior employer: _____ <i>(if current &lt;3 yrs.)</i>

If unemployed, please give reason for/length of unemployment:

\_\_\_\_\_

\_\_\_\_\_

### STATEMENT OF CERTIFICATION AND AUTHORIZATION

I/we certify that the information provided is accurate and is a clear indication of my/our financial condition. I/we authorize the Shimon and Sara Birnbaum Jewish Community Center the right to verify any of the information provided. I/we understand that appropriate discretion will be used and that any information obtained or provided will remain confidential.

Date: _____	Date: _____
Name: _____	Name: _____
Signature: _____	Signature: _____



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## **NECESSARY ATTACHMENTS**

Please attach the following to complete the application:

- Copy of most recent W-2 form(s)
- Copy of most recent 1040 tax return
- Copy of most recent paystub(s)

## **SUBMITTING YOUR APPLICATION**

*Thank you!* Please return application with attachments to:

Paige Silberfein  
Shimon and Sara Birnbaum JCC  
775 Talamini Rd.  
Bridgewater, NJ 08807  
Confidential