



**Jewish Educational Alliance**  
**5111 Abercorn Street • Savannah, GA • 31405**  
**www.savannahjea.org • 912.355.8111**

<b>For Office Use Only</b>	
Rec. Date: _____	F.D. Initials: _____
Camp Reg. Fee: _____	
Account #: _____	
PAID: _____	

Please take a few moments to review the financial assistance application .

The JEA is a not-for-profit organization; we depend on membership dues and program fees to help maintain our services. We are committed to serve people regardless of their income level. Contingent on available financial resources of the JEA and verification of application information, a reduction in fees may be awarded to those needing financial assistance. The JEA serves men, women, and youth of all ages, races, and religions.

The Jewish Educational Alliance expects participants to pay their fair share of program fees based on their financial ability. Families receiving financial assistance are not eligible for any additional discounts .

- **Prior membership accounts MUST be in good standing.**
- **Applications will not be considered if sections are left blank or if required documentation is not included.**
- **“Specialty camps” are not eligible for financial assistance**

**TO APPLY FOR ASSISTANCE FOR CAMP SAVANNAH:**

- **Applicant must be a member of the JEA in good standing**
- **Applications must be submitted with the required accompanying documentation and the \$50 camp registration fee.**
- **Upon review, an award letter will be mailed indicating the amount of assistance and the weekly rate for camp (per camper).**

**TO REGISTER FOR CAMP SAVANNAH, PLEASE RETURN THE FOLLOWING:**

- Completed camp registration packet**
- Scholarship award letter**

***In this very unique year, scholarship applications will be accepted on a “rolling basis” and are subject to very limited availability.***

If you have any questions or concerns, please feel free to contact Jackie Laban, Assistant Camp and Children’s Department Director at 912-355-8111 or kids@savj.org.



# Financial Assistance Application

**Applicant:**

Name: \_\_\_\_\_  MALE  FEMALE

Marital Status:  Married/Partner  Single  Divorced  Widowed  Separated

Home Address: \_\_\_\_\_  
Street City Zip

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_

Employer: \_\_\_\_\_ Position: \_\_\_\_\_

Length of Employment: \_\_\_\_\_ Annual Salary: \$\_\_\_\_\_ Monthly Gross: \$\_\_\_\_\_

**Co-Applicant:**

Name: \_\_\_\_\_  MALE  FEMALE

Marital Status:  Married/Partner  Single  Divorced  Widowed  Separated

Home Address: \_\_\_\_\_  
Street City Zip

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_

Employer: \_\_\_\_\_ Position: \_\_\_\_\_

Length of Employment: \_\_\_\_\_ Annual Salary: \$\_\_\_\_\_ Monthly Gross: \$\_\_\_\_\_



# Additional Information Submission

Financial Assistance may be awarded for Membership based upon the information provided on the previous pages. All applicants for programmatic assistance must fill in the previous pages as well as the questions and information requested below.

## Scholarship Assistance Information

Are you a member of a synagogue or church?  YES  NO If yes, name? \_\_\_\_\_

Have you applied for financial assistance from your synagogue or church?  YES  NO

Do any of your children attend private school?  YES  NO If yes, name? \_\_\_\_\_

Have you applied for financial assistance from your child's school?  YES  NO Amount? \_\_\_\_\_

Have you received financial assistance from your child's school?  YES  NO Amount? \_\_\_\_\_

Do any of your children attend college?  YES  NO

Have you received financial assistance from your child's college?  YES  NO Amount? \_\_\_\_\_

If you are receiving disability or unemployment, check here:  Amount? \$ \_\_\_\_\_ monthly

Are you receiving assistance from any State or Federal program? Agency \_\_\_\_\_ \$ \_\_\_\_\_

## Monthly Household Income

### **Applicant**

Annual Salary \_\_\_\_\_

Social Security/Pension \_\_\_\_\_

Alimony/Child Support \_\_\_\_\_

Interest/Dividends \_\_\_\_\_

Unemployment Benefits \_\_\_\_\_

Other Income \_\_\_\_\_

**TOTAL MONTHLY INCOME** \_\_\_\_\_

### **Co-Applicant**

Annual Salary \_\_\_\_\_

Social Security/Pension \_\_\_\_\_

Alimony/Child Support \_\_\_\_\_

Interest/Dividends \_\_\_\_\_

Unemployment Benefits \_\_\_\_\_

Other Income \_\_\_\_\_

**TOTAL MONTHLY INCOME** \_\_\_\_\_

## Monthly Household Expenses

Mortgage/Rent \_\_\_\_\_

Car/Transportation \_\_\_\_\_

Loan Payments \_\_\_\_\_

School Year Child Care \_\_\_\_\_

Food \_\_\_\_\_

**TOTAL MONTHLY EXPENSES** \_\_\_\_\_

Utilities \_\_\_\_\_

Insurance \_\_\_\_\_

Credit Card Payments \_\_\_\_\_

Private School Fees \_\_\_\_\_

Telephone/Cable/Internet \_\_\_\_\_

### **Automobiles**

Own  Lease Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_ Payment \$ \_\_\_\_\_

Own  Lease Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_ Payment \$ \_\_\_\_\_



# Financial Assistance Application

**Dependents - Living at the SAME ADDRESS:**

Name: \_\_\_\_\_

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

Age: \_\_\_\_\_

Name: \_\_\_\_\_

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

Age: \_\_\_\_\_

Name: \_\_\_\_\_

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

Age: \_\_\_\_\_

Name: \_\_\_\_\_

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

Age: \_\_\_\_\_

**Please confirm the following:**

- You have attached the most recently completed Form 1040, Federal Tax Return (or current Social Security Award Letter) for each adult (25 and over) included in the household.
- The information provided herein and attached, to the best of my knowledge, is true, accurate, complete, and that none of the information has been falsified in any way.
- I understand that my membership and program Financial Assistance will expire one year from enrollment and that a new Financial Assistance application must filled out yearly.
- I understand that failure to keep all payments current will forfeit financial assistance and require that I reapply.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Co-Applicant Signature

\_\_\_\_\_  
Applicant Name

\_\_\_\_\_  
Co-Applicant Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

**Please indicate below the areas for which you are requesting Financial Assistance.**

**CAMP**

**CHILDREN'S ACTIVITIES**  
*(After School, Days at the J, Jr. Swim, Youth Sports)*

**MEMBERSHIP**

**CAMP SAVANNAH**

- Camp Savannah (K-5th grade) \_\_\_\_\_ (Member: \$180/week - Guest: \$220/week)
- Camp Savannah LIT (6th-8th grade) \_\_\_\_\_ (Member: \$115/week - Guest: \$150/week)
- Camp Savannah CIT (9th and 10th grade) \_\_\_\_\_ (Member: \$115/week - Guest: \$150/week)
- Preschool Savannah Full Day (12 months-PreK) \_\_\_\_\_ (Member: \$180/week - Guest: \$220/week)

**Please indicate weeks requesting assistance and the ACTUAL program cost per camper. Actual program fees are listed above. (DO NOT LEAVE THIS SECTION BLANK)**

Camper Name	Week 1 Amount	Week 2 Amount	Week 3 Amount	Week 4 Amount	Week 5 Amount	Week 6 Amount	Week 7 Amount	Week 8 Amount	Week 9 Amount
<i>PLEASE ENTER FULL PUBLISHED COST, NOT ASSISTANCE REQUESTED</i>									
<b>WEEKLY TOTAL PER FAMILY:</b>									

*(If the below information is left blank, the application will not be considered for Financial Assistance.)*

Total combined **ACTUAL** weekly cost for all campers (total weekly prices listed above): \$ \_\_\_\_\_

Please state the **Total WEEKLY** cost you feel you can afford per family: \$ \_\_\_\_\_

**CHILDREN'S ACTIVITIES** **ACTUAL** program cost: \$ \_\_\_\_\_ weekly *(After School, Days at the J)* \$ \_\_\_\_\_ session *(Jr. Swim, Youth Sports)*

Please state the total cost you feel you can afford per week **(AfterSchool, Days at the J)** \$ \_\_\_\_\_

Please state the **total** cost you feel you can afford per session *(Jr. Swim, Youth Sports)*: \$ \_\_\_\_\_

**MEMBERSHIP**

- Full Family
- Single Parent Family
- Young Couple/Family
- Adult-Individual
- Adult-Couple
- Senior-Individual
- Senior Couple
- Youth/Young Adult-Individual

**ACTUAL** cost of annual membership: \$ \_\_\_\_\_

Please state the **total** cost you feel you can afford for annual membership: \$ \_\_\_\_\_

Please describe any extenuating circumstances that should be considered. If needed, please attach additional pages.

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The following documentation **MUST** be included with the final application:

- Most recent completed Form 1040, Federal Tax Return for each Adult (25+) included in the household

*If applicable:*

- Disability letter/statement
- Social Security Award letter
- Unemployment statement
- Child Support documentation
- If not employed, copies of forms indicating source(s) of income (i.e. TANF, disability, SSI, etc.)
- Letter explaining extenuating circumstances

I declare that the information contained in this application, to the best of my knowledge and belief, is true, correct and complete. If I/We receive a fee adjustment, I/We agree to pay my/our balances in a timely manner. I/We understand that a fee adjustment is not automatically renewable and must be reviewed annually. The JEA accepts payment for membership by monthly bank draft (EFT), monthly charge to a Mastercard or Visa, or annual payment in full by check, cash, or credit card.

\_\_\_\_\_  
*Applicant's Name*

\_\_\_\_\_  
*Applicant's Signature*

\_\_\_\_\_  
*Co-Applicant's Name*

\_\_\_\_\_  
*Co-Applicant's Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Date*



**Jewish Educational Alliance  
Children's and Camp Department**

**Financial Assistance Application 2020-2021  
Credit Card Refund Form**

**The card provided on this form will be used to refund the camp registration fee.**

This fee will only be refunded should you decline Financial Assistance **in writing by email**.

Failure to register for summer camp by the scholarship registration deadline  
will result in forfeiture of the offered Financial Assistance.

This credit card refund form will be destroyed on May 1st

**Child One:** \_\_\_\_\_

**Child Two:** \_\_\_\_\_

**Cardholder Name:** \_\_\_\_\_ **Cardholder Phone:** \_\_\_\_\_

**Credit Card:** VISA    MASTERCARD    AMERICAN EXPRESS    DISCOVER

**Credit Card Number:** \_\_\_\_\_

**Expiration Date:** \_\_\_\_ / \_\_\_\_ **Card Security Code:** \_\_\_\_\_

**Cardholder Zip Code:** \_\_\_\_\_

**Credit/Debit Card Authorization**

I, \_\_\_\_\_, hereby authorize the Jewish Educational Alliance to refund the camp registration fee once I have declined Financial Aid in writing by email. Such refund will be credited within five days of the written notice declining my Financial Assistance offer.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date