



Shaw JCC of Akron | FINANCIAL ASSISTANCE APPLICATION

Applicant Name: _____

Thank you for your interest in programs and services provided by the Shaw JCC!

Financial assistance applications must be filled out **annually**.

Please return your application with **copies** of the applicable required documents below as the application will be considered incomplete without them and we will not be able to process your request.

Do not send original copies as they will not be returned to you.

Please check and send in all that apply along with this application:

- ☐ Copies of you most recent filed State and Federal Tax Returns and W-2's (Required)
- ☐ Pay stubs (one-month of current pay stubs)
- ☐ Social Security – pension or benefit notification (if applicable)
- ☐ Statement of unemployment benefits (if applicable)
- ☐ Child/Spousal Support (if applicable)
- ☐ Copy of divorce decree or separation agreement (if applicable)
- ☐ Letter from doctor; if a medical condition prevents you from being employed or impacts your family's financial situation.

Please note: Your application will be immediately rejected if the above applicable documents are not provided at the time of submission.

I am seeking assistance in the following program(s):

- ☐ Membership Dues (rolling deadline) ☐ Early Childhood Education (May 1 Deadline)
- ☐ JCC Camp (April 10 Deadline)

Please check: Do you participate in the J-Ticket Program? ☐ YES ☐ NO ☐ NOT SURE

Return completed application along with copies of supporting income documentation to:

Shaw JCC
Attention Dawn Heffner
750 White Pond Dr.
Akron, OH 44320



Shaw JCC
Akron

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All information submitted on or with this application shall remain confidential.

Questions? Call (330) 867-7850

Applicant:

Applicant's (adult's) Name: _____

Address: _____ City/State: _____ Zip: _____

Home or Cell phone #: _____ Work phone #: _____

Email Address: _____

Status: ☐ Single ☐ Married ☐ Separated ☐ Divorced ☐ Widowed ☐ Other: _____

Occupation: _____

Employer: _____ Years Employed: _____

Employer's Address: _____

Spouse/Partner:

Applicant's (adult's) Name: _____

Address: _____ City/State: _____ Zip: _____

Home or Cell phone #: _____ Work phone #: _____

Email Address: _____

Occupation: _____

Employer: _____ Years Employed: _____

Employer's Address: _____



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Others in the Household:

Name	Gender	DOB	Relation to applicant	School Attending	Seeking assistance for:
					<input type="checkbox"/> ECE <input type="checkbox"/> Camp <input type="checkbox"/> Membership
					<input type="checkbox"/> ECE <input type="checkbox"/> Camp <input type="checkbox"/> Membership
					<input type="checkbox"/> ECE <input type="checkbox"/> Camp <input type="checkbox"/> Membership
					<input type="checkbox"/> ECE <input type="checkbox"/> Camp <input type="checkbox"/> Membership
					<input type="checkbox"/> ECE <input type="checkbox"/> Camp <input type="checkbox"/> Membership

Have you or anyone in your family or household previously applied for and received financial aid from the JCC?

Current year: Yes ____ No ____

Prior year(s): Yes ____ No ____ **If yes, when?** _____

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Monthly Income:	Amount:	Monthly Expenses (please list):	Amount:
Applicant's Gross (before taxes) Income		<input type="checkbox"/> Rent <input type="checkbox"/> Mortgage	
Spouse's/Partner's Gross (before taxes) income		Out-of-pocket Medical Expenses and premiums	
Other household Income		Loan Payments	
Dividends and Interest		Child / Adult Care	
Alimony and Child Support		Private School/College Tuition (list schools)	
Social Security, SSI, OWF or any other State or Federal Programs		Hebrew School / Congregational Dues	
Other Monthly Income (ie. Bonus, rental income, ...) Please specify.		Other monthly Expenses – Food, Utilities, Auto, Telephone, etc... Please specify.	
Total Monthly Income:		Total Monthly Expenses:	



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Please select one of the following:

- ☐ We qualify for scholarship assistance based on the scholarship matrix.
- ☐ We do not qualify for scholarship assistance based on the scholarship matrix. We would like a discretionary review of our scholarship request.
- ☐ I don't know if we qualify for scholarship assistance based on the scholarship matrix.

Note: Qualification based on the scholarship matrix does not automatically qualify you for scholarship assistance. Scholarship assistance is based on the limited funds available at the time of application.

Special Circumstances:

Please describe your family situation and any exceptional circumstances (financial or otherwise) that contribute to the need for scholarship support. Be explicit and use additional paper if needed.

[illegible]



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Akron

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I hereby state that the information shown on this application along with supporting documentation is accurate.

Applicant's Name (please print): _____

Applicant's Signature _____

Date: _____

- ☐ I am interested in receiving additional information about services provided by Jewish Families Services (JFS).
(You do not have to be Jewish to participate.) Learn more at www.jfsakron.org.