

Jewish Federation of Greater Ann Arbor
2020 Financial Assistance Application For Summer Camp

PLEASE COMPLETE ALL PAGES
ONE PER FAMILY

ADULT 1

Full Name _____

Date of Birth _____ Race/Ethnicity _____

Address _____

Home Phone _____ Cell Phone _____

Business Phone _____ Email _____

Employer _____ Title _____

Annual Salary _____ Monthly Salary _____

Other Sources of Income _____ Monthly Amount _____

ADULT 2

Full Name _____

Date of Birth _____ Race/Ethnicity _____

Address _____

Home Phone _____ Cell Phone _____

Business Phone _____ Email _____

Employer _____ Title _____

Annual Salary _____ Monthly Salary _____

Other Sources of Income _____ Monthly Amount _____

CHILDREN

Total Number of Children _____ Children in household _____

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MONTHLY EXPENSES (of children's primary residence)

Rent ☐ Own ☐

Monthly House Payment	\$ _____	Monthly Car Payment(s)	\$ _____
Monthly Property Taxes	\$ _____	Monthly Bank Loan(s)	\$ _____
Monthly Utilities	\$ _____	Monthly Student Loan	\$ _____
Monthly Food	\$ _____	Monthly Temple/Synagogue	\$ _____
Monthly Insurance (Car, Life, Health)	\$ _____	Monthly School Tuition	\$ _____

Total Monthly Expenses \$ _____

Please explain any extenuating circumstances relative to monthly expenses _____

INCOME INFORMATION

Adjusted Gross Income 2019	\$ _____
Federal, State and Local Tax withheld	\$ _____
Social Security (FICA) Withheld	\$ _____
Total Taxes Withheld (add lines 1 & 2)	\$ _____
Total Tax Refund (Federal, State & Local)	\$ _____
Net Income After Taxes & Refund	\$ _____

REQUIRED DOCUMENTS

Please include with your application the following information:

- ☐ 1. A copy of your last year's filed tax returns.
(Federal, State and Local)
- ☐ 2. A copy of your 2019 W-2 forms.
- ☐ 3. Verification of other sources of income.
- ☐ 4. Profit and Loss statement, if you're self-employed.

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We take into consideration individual circumstances and review all applications on an individual basis. The financial assistance/scholarship funds are available based on financial need and incomplete applications will be denied. By signing this application you will certify that the above information is true and correct. All applications will be kept confidential.

APPLICANT SIGNATURE

DATE

Scholarship applications will be accepted until April 1, 2020

Please return your application to:
Jewish Family Services of Washtenaw County
Attention: Scholarship Committee
2245 S. State St. Suite 200
Ann Arbor, MI 48104



If you have questions please contact Chrissy Taylor at JFS at christinet@jfsannarbor.org

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2020 SUMMER CAMP INFORMATION

Please complete this page **for each camper** you are requesting scholarship funds from the Federation.
Print multiple copies of this page as needed.

Camper's Full Name _____ Date of Birth _____

Please list camps in order of preference

Camp 1

Name of Camp _____

Address of Camp _____

Session Duration / # of Sessions _____

Full Tuition Amount \$ _____ How Much Can You Pay? _____

Camp 2 (if applicable)

Name of Camp _____

Address of Camp _____

Session Duration / # of Sessions _____

Full tuition amount \$ _____ How much can you pay? \$ _____

Scholarship Information

Important Note - Due to our limited resources, we expect that you will also apply for scholarship/subsidy funding available through the camp(s) that your child is planning to attend as well as other resources in the community.

Name of other scholarship/subsidies requested _____

Amount requested from other scholarships/subsidies \$ _____

Total amount requested from the Jewish Federation of Greater Ann Arbor \$ _____