

Jewish Federation of Greater Harrisburg

Financial Assistance Application



This application must be completed fully and signed with all required supporting documents attached.

Check here ☐ if you are submitting a separate Financial Assistance Application for each parent/guardian.

The information in the application will be held in strict confidence. Questions? Call 717-236-9555 ext. 3209

Date of Application: _____ Name of Applicant: _____

Requesting Assistance For: ☐ Brenner Early Learning Center ☐ JCC Summer Camp

Martial Status: ☐ Married/Partner ☐ Single ☐ Widowed ☐ Divorced/Separated Current JCC Member: ☐ Yes ☐ No

Family Information Parent /Guardian #1

Parent/Guardian #1 Name: _____ ☐ Full Custody ☐ Joint Custody

Address: _____

City, State Zip: _____

Primary Phone: _____ Secondary Phone: _____

Email: _____

Others in Parent/Guardian #1 Household

Name	Date of Birth	Relationship to Child	Seeking financial aid for this person?	
_____	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Family Information Parent /Guardian #2

Parent/Guardian #2 Name: _____ ☐ Full Custody ☐ Joint Custody

Address: _____

City, State Zip: _____

Primary Phone: _____ Secondary Phone: _____

Email: _____

Others in Parent/Guardian #2 Household

Name	Date of Birth	Relationship to Child	Seeking financial aid for this person?	
_____	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Monthly amount you are able to pay: \$ _____

Have you also applied for Child Care Network ? ☐ Yes ☐ No | If yes, please provide a copy of approval or denial letter. If no, please explain why you did not apply for Child Care Network.

Monthly Household Income

Please provide monthly household income for both parents/guardians. If you are unable to provide income for both parents/guardians, please provide a separate application for each parent/guardian.

Income Sources (Gross)	Parent/Guardian #1	Parent/Guardian #2
Gross Wages	\$ _____	\$ _____
Social Security and/or pension	\$ _____	\$ _____
Alimony or Child Support	\$ _____	\$ _____
Interest/Dividends	\$ _____	\$ _____
Government Assistance (cash, rent, etc.)	\$ _____	\$ _____
Workers Compensation	\$ _____	\$ _____
Other Source of Income: _____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
Total Monthly Income	\$ _____	\$ _____

Failure to disclose all forms of income may result in the loss of financial assistance

Monthly Household Expenses

Please provide monthly household expenses for both parents/guardians. If you are unable to provide expenses both parents/guardians, please provide a separate application for each parent/guardian.

Expenses Sources	Parent/Guardian #1	Parent/Guardian #2
Mortgage/Rent	\$ _____	\$ _____
Car Payment	\$ _____	\$ _____
Utilities	\$ _____	\$ _____
Loans/Debts	\$ _____	\$ _____
Child Support	\$ _____	\$ _____
Parent Tuition	\$ _____	\$ _____
Extraordinary Medical	\$ _____	\$ _____
Other Source of Expenses: _____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____

Failure to disclose all expenses may result in the loss of financial assistance

Please provide the following information for both parents/guardians

	Parent/Guardian #1		Parent/Guardian #2	
* REQUIRED INFORMATION	Attached	NA	Attached	N/A
Pay Stubs (one month of most recent) *	<input type="checkbox"/>		<input type="checkbox"/>	
Most recently filed Federal tax return *	<input type="checkbox"/>		<input type="checkbox"/>	
Copy of Drivers license or State Issued ID *	<input type="checkbox"/>		<input type="checkbox"/>	
Social Security—Pension or Benefit Notice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child/Spousal Support Documentation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Statement of Unemployment Benefits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DHS Statement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Special Circumstances: Are there any special circumstances we should be aware of for our consideration process? (attach a separate page if more space is needed)

Conditions for Financial Assistance

The Jewish Federation of Greater Harrisburg is a not-for-profit organization offering programs and services regardless of race, color, sex, age, veteran status, marital status, sexual preference, national origin, religion, disability, or any other characteristic protected by law.

- **Participants must submit a new application every six months.**
- The Jewish Federation of Greater Harrisburg does not renew financial assistance packages automatically.
- The Jewish Federation of Greater Harrisburg maintains strict confidence on all applications and may request additional information.
- If your financial situation changes (i.e. you become employed, your employer changes, change in marital status, etc.) you **MUST** notify us so that we can update your file.
- Financial assistance is available for those who qualify and **accounts must be in good standing** with all JFGH/JCC programs. Failure to do so may cause your assistance to be pulled or forfeited.
- The Jewish Federation of Greater Harrisburg reserves the right to modify our agreement at any time.
- 100% Financial Aid is not available.
- Financial Aid is not guaranteed.
- Financial Aid is not retroactive.
- If this is **not** a joint application for both parents/guardians, a separate Financial Assistance Application is **required**.

I declare that by signing below, I agree to the conditions listed above for Financial Assistance and all the information contained in this Financial Assistance Application is true and accurate to the best of my knowledge.

Parent/Guardian #1 Signature: _____ Date: _____

Parent/Guardian #2 Signature: _____ Date: _____

Return completed application and all required documentation to: Scholarship Committee attn.: Finance Dept., 2986 N 2nd Street, Harrisburg, PA 17110 or to scholarship@jewishfedhbg.org