

Dear Applicant,

The Striar Jewish Community Center is committed to giving as many people as possible the opportunity to become participants of Striar Summer Programs. The enclosed scholarship application is in response to your request.

Please read the following carefully before completing this application. You must follow the directions and have complete paperwork in order for your application to be considered. Make sure supporting documentation and other forms are included along with your deposit.

1. Please return this form to Striar JCC before **April 1st**. Forms received after that date will be reviewed only if funds remain.
2. To apply for financial aid, you must return this form with the regular application and appropriate deposit. Financial Aid cannot be awarded without knowledge of which sessions you desire for your children to attend. If the awarded financial aid does not meet your need, the deposit is fully refundable.
3. **A copy of your most recent income tax forms, a copy of each of your most recent W2's and a current pay stub of each working adult member must be submitted with this form.** If you do not file income tax forms, include a letter of validation from your source of income (ie Welfare Dept, Social Security or University). No scholarship application will be accepted without the requested documentation. **(Please Note: A copy of your 2007 income tax forms and W2's must be forwarded to the camp office by April 15th).**
4. Please note: Financial Aid cannot be awarded for specialty programs such as Striar Daytrippers and Skyhawks Sports Camps.
5. If you have applied for and/or received financial aid in the past, we still need proof of your income and recent tax return in order to make a decision.

Your scholarship will be determined after you submit the enclosed application with supporting documentation. Once we have all of your documentation, we will notify you by phone about your fee adjustment within a few weeks.

Please be assured that your file will be kept in the strictest confidence, and feel free to call me with any questions or concerns.

Sincerely,

Michelle Jackson
Children's Director

**Striar Jewish Community Center/Fireman Campus
445 Central Street, Stoughton, MA 02072 (781) 341-2016**

2008 SUMMER PROGRAMS FINANCIAL ASSISTANCE APPLICATION

A copy of your latest income tax return and a copy of a current pay stub for each working adult in the household must be submitted with this form. Please supply additional verification as noted.

Are you currently JCC members? _____ Do you receive financial aid towards your membership? _____

If not currently a member, have you ever been a member before? _____ If so, how long ago? _____

Have you received financial aid towards Striar JCC Summer programs in past years? _____

Last Name _____ First Name _____ M/F _____ Date of Birth _____

Spouse (first and last name) _____ M/F _____ Date of Birth _____

Home Address _____
Street City State Zip

Email address: _____

Home Phone () _____ Work Phone (applicant) _____ Work Phone (spouse) _____

Occupation of applicant _____ Occupation of spouse _____

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

Dependent Children (only if under age 23 or full-time students)

Last Name	First Name	Sex	Date of Birth
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Gross Annual Income

Adult #1

- _____ Salary (or unemployment)
- _____ Child Support
- _____ Alimony
- _____ Pension
- _____ Social Security
- _____ Disability
- _____ Public Assistance
- _____ Food Stamps
- _____ Fuel Assistance
- _____ Income from Property
- _____ Investment Income
- _____ Other
- _____ TOTAL

Adult #2

- _____ Salary (or unemployment)
- _____ Child Support
- _____ Alimony
- _____ Pension
- _____ Social Security
- _____ Disability
- _____ Public Assistance
- _____ Food Stamps
- _____ Fuel Assistance
- _____ Income from Property
- _____ Investment Income
- _____ Other
- _____ TOTAL

Monthly Expenses

Monthly housing expenses:

Do you own your home? _____

Do you rent? _____

Do you Live with relatives? _____

How much is your monthly mortgage or rent? _____

(please include insurance and property taxes)

Utilities \$ _____

Monthly car and transportation expenses:

Car 1: Make _____ Year _____

Monthly Payment \$ _____ Monthly ins. \$ _____

Car 2: Make _____ Year _____

Monthly Payment \$ _____ Monthly ins. \$ _____

Other Transportation Costs \$ _____

_____ Monthly Cost of Health Insurance not covered by employer (*verification required*)

_____ Monthly Medical Bills not reimbursed by health insurance (*verification required*)

_____ Monthly Dental Bills not reimbursed by dental insurance (*verification required*)

_____ Monthly Tuition Costs (*please enclose copy of tuition bill*)

_____ Monthly Payment of School Loans (*please enclose copy of statement*)

_____ Other unusual expenses – please specify:

_____ **TOTAL MONTHLY EXPENSES**

How much do you feel that you can afford toward summer programs? _____

Are there any relatives or other individuals in a position to help with membership? Yes ___ No ___

How much can they contribute? _____

Please describe any special circumstances that affect your ability to pay regular membership fees:

PLEASE REMEMBER TO ATTACH YOUR MOST RECENT TAX RETURN AND OTHER RELEVANT DOCUMENTS.

I hereby certify that all the information contained in this application is true and accurate to the best of my knowledge.

Signature _____ **Date** _____

PLEASE RETURN TO: Striar JCC 445 Central Street Stoughton, MA 02072 Attention: Michelle Jackson