

**CJP's Jewish Early Education Emergency Grants
APPLICATION CHECKLIST**

Deadline for submission: March 15, 2010

Awards notification: April 23, 2010

NAME OF PRIMARY PARENT CONTACT: _____
(Should be the same as the primary contact on the application form.)

NAME OF JEWISH PRESCHOOL: _____

- Completed Grants Application Form.
- Copy of 2009 Federal Tax Return or an 8233 Exemption from Withholding Form. *(Tax form will need to be completed earlier than the April 15 federal deadline.)*
- Verification of income: Three (3) current pay stubs from all financial contributors to the household or verification letter of Social Security or SSI Benefits or other government assistance.
- Proof of expenses: Educational expenses required, plus child care expenses, medical expenses, housing expenses or other, if applicable. (See narrative section on page 2 of Application form.)
- This completed Checklist.

PLEASE BE SURE ALL ITEMS LISTED ABOVE ARE ENCLOSED

Mail or deliver for arrival on or before March 15, 2010:

**Jewish Community Centers of Greater Boston
333 Nahanton Street
Newton, MA 02459
Attn: CJP Preschool Scholarships**

CJP Scholarships for Jewish Early Education are made possible through a generous grant from the Jim Joseph Foundation in partnership with Combined Jewish Philanthropies.



CJP's Jewish Early Education Emergency Grants 2010-2011 APPLICATION FORM

CJP Scholarships for Jewish Early Education are made possible through a generous grant from the Jim Joseph Foundation in partnership with Combined Jewish Philanthropies.

Administered for CJP by Jewish Community Centers of Greater Boston: JewishScholarships@jccgb.org

**APPLICATION DEADLINE March 15, 2010
SCHOLARSHIPS AWARDED April 23, 2010**

TODAY'S DATE _____

NAME OF PRESCHOOL: _____ TOWN _____

FAMILY INFORMATION WILL BE KEPT STRICTLY CONFIDENTIAL

PARENT 1 NAME _____ DOB ____/____/____ Jewish? _____
 (Preferred Contact) (last) (first) (month/day/year)
 Address _____ (City) _____ Zip Code: _____

Home Phone ____ - ____ - ____ Work/Cell Phone ____ - ____ - ____ ext ____ E-Mail _____

Occupation _____ Full/Part Time? ____ Employer Name _____

Address _____ Phone _____

PARENT 2 NAME _____ DOB ____/____/____ Jewish? _____
 (last) (first) (month/day/year)

Address (if different) _____ (City) _____ Zip Code: _____

Home Phone ____ - ____ - ____ Work/Cell Phone ____ - ____ - ____ ext ____ E-Mail _____

Occupation _____ Full/Part Time? ____ Employer Name _____

Address _____ Phone _____

CHILDREN:

Child 1 Name _____ DOB ____/____/____ School _____
 (last) (first) (month/day/year) (Name)

Child 2 Name _____ DOB ____/____/____ School _____

Child 3 Name _____ DOB ____/____/____ School _____

Child 4 Name _____ DOB ____/____/____ School _____

Provide information for additional children on separate sheet of paper.

Sources of Annual INCOME Must be COMPLETE and DOCUMENTED

First fill in Box 1 or Box 2, then complete Box 3.

Box 1

If you receive SSDI, AFDC, Public Assistance, or Food Stamps, please indicate the amount per year and provide documentation.	\$ _____ per year
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OR

Box 2

Provide documentation for all applicable categories. Copy of 2009 Federal Tax return is required.

Total Household Salaries	\$ _____ per year	Unemployment and Severance payments	\$ _____ per year
Child Support and Alimony	\$ _____ per year	Support from Family	\$ _____ per year
Real Estate Income	\$ _____ per year	Pension	\$ _____ per year
Investments Stocks/Bonds/ Mutual Funds	\$ _____ per year	Other Sources: e.g. Income from accounts or other sources in Israel or abroad. (Attach explanation.)	\$ _____ per year

AND

Box 3

Total Annual Income from all Sources	\$ _____
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Annual EDUCATION EXPENSE (Documentation Required)

College Costs Annually \$ _____ Financial Aid Annually \$ _____ Net Annual Cost \$ _____
Religious / Private School(s) Annual Tuition \$ _____ Annual Financial Aid/Discounts \$ _____ Net Annual \$ _____
PRESCHOOL ANNUAL TUITION (1st child) \$ _____ FINANCIAL AID/DISCOUNTS \$ _____ NET ANNUAL
COST \$ _____ Full or Half Day Program? _____ PRESCHOOL ANNUAL TUITION (2nd child, if applicable) \$ _____
FINANCIAL AID/DISCOUNTS \$ _____ NET ANNUAL COST \$ _____ Full or Half Day Program? _____

Total Annual Out-of-Pocket Education Expense (NET of Scholarships, Financial Aid, Discounts) \$ _____

Other Extraordinary Expenses (Documentation Required)

If you have unusual circumstances or expenses that we should factor into a scholarship decision, please provide other information or further explanation, with documentation, that will help determine your eligibility for assistance: (These might include high medical costs, housing costs, or child care other than education expenses.)

Have you applied for financial assistance from your Preschool? (circle one) Yes No Not Available

Have you applied for financial assistance from Day School, Private School or College? _____

If award is not yet known, when will you be notified of any assistance from these sources? _____

What do you estimate your family can pay annually for Preschool tuition/expenses? \$ _____

Please read the paragraph below carefully before signing

I, the undersigned, understand that the information I provide must be accurate and verifiable. I agree to provide any additional information reasonably requested and to allow reasonable inquiries in this regard, including, without limitation, to banking institutions and credit reporting agencies.

I understand that if any of the foregoing information is inaccurate, financial assistance will be withdrawn.

Parent 1 Signature _____ Date _____

THIS APPLICATION CANNOT BE CONSIDERED WITHOUT PROPER DOCUMENTATION.

Requested information is kept strictly confidential.

Please be certain that all questions are answered. If a question does not apply, mark N/A.

Please deliver or mail completed forms and documentations to:

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333 Nahanton Street
Newton, MA 02459
Attn: CJP Preschool Scholarships

Thank You!

