



# Request for a Reduction in Fees

I am / We are applying for financial assistance for: (please check appropriate boxes)

- Membership       Family       Single Parent Family       Individual       Couple  
 Early Childhood\*       Day Camp\*       Camp Sabra\*       Adult Day Center\*       Other \_\_\_\_\_

\*Applications with deposits must be previously submitted.

Date \_\_\_\_\_ Membership # \_\_\_\_\_

## APPLICANT INFORMATION

**(PARENT/GUARDIAN INFORMATION for children; if for an adult listed as dependent on income tax return, the information must include those claiming the adult as their dependent as well as the applicant.)**

Adult 1 Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Home Address \_\_\_\_\_ Zip Code \_\_\_\_\_ Tel. \_\_\_\_\_

E-mail Address \_\_\_\_\_ May we correspond via e-mail?  Yes  No

Occupation \_\_\_\_\_ Firm Name \_\_\_\_\_ Tel. \_\_\_\_\_

Number of hours worked per Week \_\_\_\_\_

Adult 2 Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Occupation \_\_\_\_\_ Firm Name \_\_\_\_\_ Tel. \_\_\_\_\_

Number of hours worked per Week \_\_\_\_\_

Dependent Children (name & ages) \_\_\_\_\_

Other persons living at home but not listed above (list age and relationship) \_\_\_\_\_

Marital Status       Married       Single       Divorced       Widowed

Have you ever in the past applied for assistance from the J?       Yes       No

## INCOME AND ASSETS

	ADULT 1	ADULT 2
Last Year's Wages, Salaries, etc.	\$ _____	\$ _____
Child Support	\$ _____	\$ _____
Maintenance	\$ _____	\$ _____
Social Security	\$ _____	\$ _____
Unearned Income (Pensions, Dividends)	\$ _____	\$ _____
Income from Other Sources (Rents, Relatives)	\$ _____	\$ _____
<b>TOTAL YEARLY INCOME</b>	<b>\$ _____</b>	<b>\$ _____</b>
This Year's <i>Estimated</i> Income	\$ _____	\$ _____

Are you receiving financial assistance from any other agency       Yes       No  
If yes, what agency or agencies? \_\_\_\_\_

## MONTHLY EXPENSES

Monthly Housing Payment <input type="checkbox"/> Mortgage <input type="checkbox"/> Rent	\$ _____
Monthly Car Payments	\$ _____
Monthly Medical/Dental Not Covered by Insurance	\$ _____
Monthly Utility Bills – Gas, Electric, Water	\$ _____
Credit Card Loans	\$ _____
Bank Loans	\$ _____
School Loans	\$ _____
Childcare other than J	\$ _____
Child Support or Maintenance	\$ _____

**OTHER**

Describe any extraordinary expenses or special circumstances. Be specific as to expense and anticipated duration of circumstances. (Please attach additional page if needed.)

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Do you now or have you ever had any unpaid charges with the J?  
 Yes       No

**RETURN THE FOLLOWING FORMS WITH THIS APPLICATION**

1. Copy of last year's income tax forms/or a note that you do not have to file income tax for all in household, and/or for the person(s) claiming the applicant as a dependent.
2. All W-2's for last year (if employed)
3. Most recent payroll slip(s) (if employed)
4. Social Security Award letter (if receiving social security)
5. Unemployment Statement (if receiving unemployment)

**IMPORTANT:**

***We will not process your application without the above documentation.***

Please Note:

1. All materials will be kept in strict confidence. Additional information may be requested.
2. Incomplete packets and poorly prepared packets will not be considered.
3. After complete packets are received, applicants will be contacted by the J via email or US mail.
4. Applicants may choose to pay in full by cash, check, or credit card or set up a monthly payment plan.
5. All recipients paying with a payment plan **must** secure payments with a credit card, automatic withdrawal from checking account.
6. Scholarships are not automatically renewed. New applications and documents must be submitted each year.

I hereby state that the information shown on this form and all supporting documentation is complete and correct to the best of my knowledge. I understand that if I accept the scholarship offered, I am responsible for paying all balances by the agreed upon date.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

<p>(Optional) At the request of our funders please check one of the descriptions below corresponding to the ethnic group with which you identify.</p> <p><input type="checkbox"/> African/American    <input type="checkbox"/> Asian    <input type="checkbox"/> Bi/Multiracial    <input type="checkbox"/> Caucasian    <input type="checkbox"/> Hispanic/Latino    <input type="checkbox"/> Native American/Alaskan Native    <input type="checkbox"/> Other</p>
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To Submit: Fax all information to: Secure fax at 314-442-3241 or scan and e-mail to slang@jccstl.org

Or mail to:

Jewish Community Center  
2 Millstone Campus Drive  
St. Louis, MO 63146  
Attn: Scholarship Coordinator

Please be aware that the average processing time, once completed applications are received, is 3-4 weeks.