

# JCC FINANCIAL ASSISTANCE

Membership & Other Programs (NOT PRESCHOOL OR CAMP)

## Scholarship Packet Received Check List

Date Received: \_\_\_\_\_

Received by: \_\_\_\_\_

Name of Applicant: \_\_\_\_\_

Type of Membership: \_\_\_\_\_

Duration of Membership:  3 month  Full year

YES  NO Scholarship Application Completed

YES  NO Financial Assistance Request Form Completed

YES  NO Membership Application Completed

YES  NO Copy of Tax Return included?

If No, Why? \_\_\_\_\_

YES  NO Copy of pay stubs or proof of current income included?

YES  NO Copy of Program Registration Form included?

Date Received by Accounting: \_\_\_\_\_

LAWRENCE FAMILY JEWISH COMMUNITY CENTERS  
INSTRUCTIONS  
FINANCIAL ASSISTANCE FORMS

1. Applicants must observe submission deadlines:
  - A - Membership - Year Round
  - B - J\*Team - Year Round
  - C - Program Registration - Year Round
  - D - Maccabi Games - February 6, 2015
  - E - March Of The Living - November 30, 2014
  
2. All applicants must submit the following documents:
  - A - Request Form (in Scholarship Packet)
  - B - Application Form (in Scholarship Packet)
  - C - Program Registration Form
  - D - Current Year's Income Tax Report Form 1040
  - E - Most Recent Pay Stub(s)
  - F - Minimum Deposit
    - \$ 150 per child for Maccabi Games
    - \$ 500 per child March Of The Living

For all other programs, please contact the Accounting Office for minimum deposit amounts
  
3. Applicants must complete each line on the Request Form using N/A (not applicable) where appropriate. **An incomplete form will be returned to the applicant for further information, and space in the program will not be saved.**  
  

It is necessary to resubmit an updated request form, even if one has been completed previously during the calendar year, if the request is for a different program.
  
4. Applicants must complete each line on the Application Form using N/A (not applicable) where appropriate. An incomplete form will be returned to the applicant for further information.
  
5. **Current year tax return MUST accompany forms or they will be returned.** If you are self-employed, the business tax return is required along with the 1040. If the Most Recent Tax Return has been submitted for aid in another area, it is not necessary to submit another copy. If filing an extension, a statement of estimated tax liability is required.
  
6. If you feel that there are other pertinent pieces of information that need to be explained, please write a letter to the scholarship committee detailing your circumstances.

THE LFJCC FINANCIAL AID COMMITTEE RESERVES THE RIGHT TO CHANGE ITS POLICY REGARDING FINANCIAL AID AT ANY TIME WITHOUT PRIOR NOTICE.

**IN ORDER TO APPLY FOR SCHOLARSHIP, YOUR ACCOUNT MUST BE CURRENT AND IN GOOD STANDING. IF IT IS NOT, THE COMPLETED SCHOLARSHIP PACKET WILL BE RETURNED TO YOU AND WILL NOT BE CONSIDERED FOR AID.**

**\*\* Applications received past the deadline will have lower priority and may possibly not receive scholarship funds.**

## LAWRENCE FAMILY JEWISH COMMUNITY CENTERS

### Our Philosophy

It is our philosophy that nobody should miss out on participating at The Center due to financial hardship. That is why we offer Financial Aid to those who need it. We also understand that asking for aid may be a difficult thing to do, so we pride ourselves on ensuring the applicant's privacy and confidentiality. Please know that your application will not be shared with anyone other than the individuals directly related to the scholarship process.

### Donors

The Lawrence Family Jewish Community Center would like to thank the following donors who have generously given to the scholarship fund:

Community Campership Council	Joan and Irwin Jacobs
Harry and Jeanette Weinberg Foundation	Soontup Estate
Hutler Camp Scholarship Endowment	United Jewish Federation
Jack & Sigrid Fischer Scholarship Fund	Wells Fargo Bank

### The Process for Membership and Programs NON Preschool/Camp or Maccabi

Year Round

During this time, applicants are asked to pick up an application packet from the front desk or the cashier, Nancy Owens.

Once the application is reviewed the recipient will receive an official letter from the JCC detailing the scholarship package. Applicant must sign and return copy of this letter to Accounts Receivable in order to accept the terms of the scholarship. Applicant is also required to sign a promissory note and include postdated checks or credit card slips in accordance with the promissory note in the scholarship package. If the signed letter is not returned to the JCC by the specified deadline date, the scholarship award will be forfeit and given to another applicant.

### Applications received after the specified deadline

Any application received after the deadline will be considered, on a case by case basis, by the Scholarship Committee. Late applicants will need to complete the packet and turn it in to Carolyn Savage. The Scholarship Committee will make the determination of aid based on whether funds are still available. Even though we try to accommodate everyone's needs, there is no guarantee of receiving financial aid. Everyone is expected to participate financially to the best of their ability.

LAWRENCE FAMILY JEWISH COMMUNITY CENTERS

SCHOLARSHIP APPLICATION

PERSONAL INFORMATION

Name: \_\_\_\_\_ Soc. Sec. No. \_\_\_\_\_

Age: \_\_\_\_\_ Marital Status: Married Unmarried Separated Divorced

Spouse Name: \_\_\_\_\_ Soc. Sec. No. \_\_\_\_\_

Present Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ How Long?: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Number of Dependents: \_\_\_\_\_

Please list below - Name & birthdate of all children under 21 living at home:

Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

If any children attend college and you are subsidizing them, list below - Name, birthdate, school attending, and amount of subsidy:

Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

School: \_\_\_\_\_ Amount: \_\_\_\_\_

Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

School: \_\_\_\_\_ Amount: \_\_\_\_\_

Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

School: \_\_\_\_\_ Amount: \_\_\_\_\_

EMPLOYMENT AND INCOME

Self

Employer's Name: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Employer's Address: \_\_\_\_\_

Position: \_\_\_\_\_ Gross Monthly Salary \$ \_\_\_\_\_

Spouse

Employer's Name: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Employer's Address: \_\_\_\_\_

Position: \_\_\_\_\_ Gross Monthly Salary \$ \_\_\_\_\_

Other Sources of Income per Month (Child Support, Interest Income, Etc.)

\_\_\_\_\_  
\$  
\_\_\_\_\_  
\$  
\_\_\_\_\_  
\$

**EXPENSES**

Residence-Circle One

Own    Buying                      Rent-Furnished    Rent-Unfurnished                      \$ \_\_\_\_\_  
Monthly Payment

\_\_\_\_\_  
\$

1<sup>ST</sup> Mortgage Company and Address                      Monthly Payment

\_\_\_\_\_  
\$

2<sup>ND</sup> Mortgage Company and Address                      Monthly Payment

\_\_\_\_\_  
\$

Year and Make of Automobile                      Monthly Payment

\_\_\_\_\_  
\$

Year and Make of Automobile                      Monthly Payment

If any children are in private school or daycare, list - Name, school, yearly fees, amount of aid asked for, amount of aid received, and amount you will pay after aid is applied. If the school attended is Nierman Preschool, please disregard.

Name: \_\_\_\_\_ Yearly Fees: \_\_\_\_\_

School: \_\_\_\_\_ Amt. Aid Needed: \_\_\_\_\_ Amount

Aid Rec'd: \_\_\_\_\_ Amt. Your Payment: \_\_\_\_\_

Name: \_\_\_\_\_ Yearly Fees: \_\_\_\_\_

School: \_\_\_\_\_ Amt. Aid Needed: \_\_\_\_\_ Amount

Aid Rec'd: \_\_\_\_\_ Amt. Your Payment: \_\_\_\_\_

Name: \_\_\_\_\_ Yearly Fees: \_\_\_\_\_

School: \_\_\_\_\_ Amt. Aid Needed: \_\_\_\_\_ Amount

Aid Rec'd: \_\_\_\_\_ Amt. Your Payment: \_\_\_\_\_

If there are any exceptional items, please list them below as a per month expense. Examples of exceptional expense items: medical, psychiatric, education expenses, debt payments(not short term installment buying), large tax liabilities, charitable contributions, temple dues, support of a parent, child support, etc.

\_\_\_\_\_  
\$  
\_\_\_\_\_  
\$  
\_\_\_\_\_  
\$  
\_\_\_\_\_  
\$

**ADDITIONAL FINANCIAL INFORMATION**

Amount of Cash in Checking: \$ \_\_\_\_\_

Name of Bank and Branch: \_\_\_\_\_

Amount of Cash in Savings: \$ \_\_\_\_\_

Name of Bank and Branch: \_\_\_\_\_

Amount Invested in Retirement Fund (i.e. 401(k), TDA, etc.)

\_\_\_\_\_ \$ \_\_\_\_\_

Fund or Company Name Balance of Account

\_\_\_\_\_ \$ \_\_\_\_\_

Fund or Company Name Balance of Account

\_\_\_\_\_ \$ \_\_\_\_\_

Fund or Company Name Balance of Account

List any Additional Investments

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**If there is any other information you want the scholarship committee to know, please submit them in writing as a letter addressed to the committee and attach it to your completed packet.**

The undersigned hereby verifies that all the above information is true and may be verified with any of the above.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Spouse)

LAWRENCE FAMILY JEWISH COMMUNITY CENTERS

FINANCIAL ASSISTANCE  
REQUEST FORM

I / We request financial assistance at the JCC for:

1. MEMBERSHIP

A-Yes                      Category \_\_\_\_\_ FEE \$ \_\_\_\_\_  
B-No                        I / We have a valid JCC Membership.  
                                    The renewal date is \_\_\_\_\_.

2. Other- Name of Program \_\_\_\_\_

A - Yes

a.      Have you registered your child(ren)?                      Yes / No  
                                    Name(s) and Birthdate(s): \_\_\_\_\_

b.      Program Title: \_\_\_\_\_

c.      Has a deposit been made?                      Yes / No                      When? \_\_\_\_\_  
                                    Amount of Deposit: \$ \_\_\_\_\_

d.      Total fee (including deposit):                      FEE \$ \_\_\_\_\_

B - No

TOTAL FEES \$ \_\_\_\_\_

I / We feel that we can contribute the following amount  
Toward the total fees:

\$ \_\_\_\_\_

I / We are requesting a scholarship of:  
(Note: We do not provide 100% financial assistance)

\$ \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

Signature \_\_\_\_\_  
(Spouse)

Date \_\_\_\_\_

FOR SCHOLARSHIP OFFICE PURPOSES ONLY

Date Received \_\_\_\_\_

By \_\_\_\_\_



Qualcomm Sports, Fitness & Aquatics Complex  
 Lawrence Family Jewish Community Center, JACOBS FAMILY CAMPUS  
 Mandell Weiss Eastgate City Park • 4126 Executive Drive • La Jolla, CA 92037-1348  
 (858) 457-3030 • Fax (858) 450-6835

**JCC MEMBERSHIP NOTES:**

## MEMBERSHIP APPLICATION

<b>MEMBERSHIP PLAN:</b> <input type="checkbox"/> Standard <input type="checkbox"/> Outlying <input type="checkbox"/> Communal/Military <input type="checkbox"/> SnowBird <input type="checkbox"/> Corporate  _____ Name of Company	<b>TYPE OF MEMBERSHIP:</b> <input type="checkbox"/> Family <input type="checkbox"/> Couple <input type="checkbox"/> Single Parent <input type="checkbox"/> Individual I (31-44) <input type="checkbox"/> Individual II (45-61) <input type="checkbox"/> Young Professional (18-30)  <input type="checkbox"/> Student <input type="checkbox"/> Teen (13-17) <input type="checkbox"/> Senior Individual (62+) <input type="checkbox"/> Senior Couple (62+) <input type="checkbox"/> Public Servant	<b>PAYMENT OPTION:</b> <input type="checkbox"/> Bonim <input type="checkbox"/> Mitzvah <input type="checkbox"/> Chai <input type="checkbox"/> Double Chai <input type="checkbox"/> Shalom  <input type="checkbox"/> Payment in-full <input type="checkbox"/> Monthly Draft <i>(Annual Commitment Required)</i>
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### ADULT INFORMATION

<b>BILLING MEMBER</b>	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss <input type="checkbox"/> Ms. <input type="checkbox"/> Dr. <input type="checkbox"/> Rabbi	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
	First Name: _____ M.I.: _____ Last Name: _____	
	Street Address: _____ City: _____ State: _____ Zip: _____	
	E-mail Address: _____ Date of Birth: _____	
	Home Phone: _____ Cell Phone: _____ Business Phone: _____	
	Employer: _____ Occupation: _____	
Emergency Contact: _____ Relationship: _____ Emergency Phone: _____		
<b>CO-APPLICANT</b>	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss <input type="checkbox"/> Ms. <input type="checkbox"/> Dr. <input type="checkbox"/> Rabbi	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
	First Name: _____ M.I.: _____ Last Name: _____	
	Street Address: _____ City: _____ State: _____ Zip: _____	
	E-mail Address: _____ Date of Birth: _____	
	Home Phone: _____ Cell Phone: _____ Business Phone: _____	
	Employer: _____ Occupation: _____	
Emergency Contact: _____ Relationship: _____ Emergency Phone: _____		

### CHILDREN INFORMATION

Circle One

Name: _____	M/F	D.OB. _____	Grade: _____	School: _____
Name: _____	M/F	D.OB. _____	Grade: _____	School: _____
Name: _____	M/F	D.OB. _____	Grade: _____	School: _____
Name: _____	M/F	D.OB. _____	Grade: _____	School: _____
Name: _____	M/F	D.OB. _____	Grade: _____	School: _____



**RELEASE, WAIVER OF LIABILITY, AND ASSUMPTION OF RISK AGREEMENT**

THIS IS A LEGALLY BINDING RELEASE, WAIVER, INDEMNIFICATION OF LIABILITY, AND ASSUMPTION OF RISK AGREEMENT. Please read it carefully before signing.

I/We agree to abide by the rules and by-laws of the Lawrence Family Jewish Community Center-JACOBS FAMILY CAMPUS (JCC). **Membership is neither transferable nor refundable and covers a minimum of a one year time period.** Membership is a privilege, which may be revoked with or without cause at any time by the Executive Director or the Board of Directors. Any unused prepaid membership fees will be returned on a pro-rated basis upon revocation of membership.

I/We acknowledge and agree that the JCC shall not be responsible or liable for any accident, injury, loss or damage whatsoever sustained by me, my family members or my guests, which may occur on or about the JCC premises or offsite at a JCC sponsored activity. I waive any claim which I, my family members or my guests may have against the JCC arising from or as a result of any such accident, injury, loss, or damage.

In case of emergency or if I become injured while attending or participating in a Lawrence Family Jewish Community Center of San Diego County function or program, I give permission to any licensed physician, surgeon, clinic, or hospital to secure proper treatment for the individuals named on this application.

It is the responsibility of every individual, his/her parents, or legal guardian to provide for his/her own accident and health coverage while participating in all JCC activities. The JCC does not provide any accident or health coverage for its members, guests, or participants.

I/We understand that the sports and fitness activities offered by the JCC are physical and include a risk of injury to oneself, family, or guests in the use of any facilities or apparatus, or participation in any exercise program. Specific risks vary from one activity to another and the risks range from minor injuries to major injuries, including death.

In consideration of my/our participation in the activities offered by the JCC, I/We understand and accept the risks associated with participation in activities at the JCC and use of the facilities or at offsite JCC activities, and agree that neither the JCC, or any of their officers, directors, agents, employees, volunteers, independent contractors, or any other person or entity associated with the JCC, will be liable for any personal injury or damage to myself or others, even if the injury was due to their negligence.

I/We acknowledge that the JCC does not manufacture fitness or other equipment, but purchases and/or leases equipment. I/We understand and acknowledge that the JCC is providing fitness and recreational services and may not be held liable for defective products.

I/We further agree that the JCC shall not be responsible or liable for any loss or damage whatsoever to and personal property owned by me, my family members or my guests, which may occur on or about the JCC premises or offsite at JCC sponsored activities, and I, on behalf of myself, my family members and my guests, hereby expressly waive any claim which I, my family members or my guests may have against the JCC arising from or as a result of any such loss or damage. It is therefore understood that all personal property of any kind shall be stored or utilized at the JCC at the sole risk and responsibility of me, my family members, or my guests.

I/We give permission to the JCC to use my name, and photographs in brochures, newspapers, broadcasts, telecasts, the JCC website and any other form of communication.

I/We assume the risk of and release, defend and hold the JCC harmless for any liability, for any death, physical or other injury/harm suffered by me, my family, or my guests during or as a consequence of my/our presence at the facilities or my/our participating in any JCC activity, whether or not related to exercise. Therefore, I/We agree to indemnify, defend and hold the JCC harmless against any liability, damages, defense costs, including attorneys fees, or from any other costs incurred in connection with the claims for bodily injury, wrongful death, or property damage brought by myself, my family, or my guests.

This waiver and release shall be binding on my agents, heirs, and assigns and shall apply to all sponsors, official, officers, directors, agents, employees, volunteers, independent contractors, or any other individuals or entities in any way connected with the JCC.

**I/We, the undersigned, have read the above statements and hereby make application for membership at the Lawrence Family Jewish Community Center – JACOBS FAMILY CAMPUS.**

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Signature of Co-Applicant \_\_\_\_\_ Date \_\_\_\_\_

## **SCHOLARSHIPS – FREQUENTLY ASKED QUESTIONS**

### **1. Can I get 100% scholarship?**

In order to help as many families as we can, the JCC does not award 100% scholarships. This allows us to allocate the limited dollars available to serving the largest number possible.

### **2. When is the deadline to submit my paperwork?**

April 18, 2015.

### **3. What do I have to submit?**

The **entire** scholarship packet must be filled out along with the FACTS online application.

### **4. When will I be notified of the results?**

Camp and Preschool - approximately 4 weeks from the deadline

### **5. Are payment plans available?**

Yes. Payment plans are coordinated through the accounting office.

### **6. If I change camps, programs or schedules etc will it affect the amount of scholarship awarded?**

Yes it may. If you reduce the amount requested, your scholarship will be reduced proportionally, however, if you increase your request after your initial submittal, you may not receive additional scholarship.

### **7. What if I don't get enough scholarship and need to withdraw?**

You will receive a full refund on any monies paid.

### **8. What if I filed an extension for my taxes?**

Please provide current pay stubs, previous years tax return and a copy of the application to file a tax extension along with your completed scholarship packet.

**9. Can I submit my information early and get my results early?**

You can submit your information early if it is complete, however, all applications are considered as a whole with regards to the funds available and the number of requests.

**10. What if I miss the deadline?**

You can still submit your application; however, all available funds may have already been disbursed. If any funds are available, your application will be reviewed and considered.

**IMPORTANT NOTES: IF YOU HAVE RECEIVED A SCHOLARSHIP IN THE PAST AND DID NOT FULFILL THE OBLIGATIONS OF THE AGREEMENT, YOU WILL NOT BE ELIGIBLE FOR ANY FUTURE SCHOLARSHIP FUNDS UNTIL YOUR ACCOUNT IS PAID IN FULL.**

**NOT COVERED BY SCHOLARSHIP:**  
**ENRICHMENTS, IMMERSIONS, FOOD, LATE FEES OF ANY KIND AND CAMP BUS FEES ARE NOT COVERED WITHIN THE SCHOLARSHIP AWARD.**