



TUCSON JCC CONFIDENTIAL SCHOLARSHIP APPLICATION

This application must be filled out as completely as possible in order to be considered for scholarship. To be considered, please attach documentation of income such as a W-2 or Income Tax return.

FAMILY INFORMATION

Member # _____

Note: All family members living in the household must be listed.

Applicant's Last Name _____ Applicant's First Name _____

Spouse/Partner's Last Name _____ First Name _____

Address _____ City, State, Zip _____

Home Phone _____ Cell Phone _____ Work _____

Marital Status _____ email address _____

Children and/or other dependents

Name	DOB	Name	DOB
_____	_____	_____	_____
_____	_____	_____	_____

EMPLOYMENT, INCOME, AND MEANS OF SUPPORT

Note: All family members living in the household must be listed.

	EMPLOYER	EMPLOYER ADDRESS	GROSS ANNUAL INCOME
Applicant			
Spouse/Partner			
Other Adults Contributing to Household			

OTHER SOURCES: Please provide all additional income sources and amounts used by you and your family during the past 12 months.

Child Support	\$ _____	Amount of Home Equity Used	\$ _____
Alimony	\$ _____	Increase in credit card debt	\$ _____
Loans from family	\$ _____	Gifts from friends and family	\$ _____
Loans from friends	\$ _____	Housing Assistance	\$ _____
Use of personal savings And investments	\$ _____	Public Assistance (welfare, food stamps, AHCCCS, etc.)*	\$ _____
Student Loans*	\$ _____	Social Security Income (for all Members of household*)	\$ _____
Non-Taxable Income	\$ _____		
Other (please explain)	\$ _____		

*Please provide documentation

TOTAL INCOME _____

Verification – As proof of family or household income, please attach a copy of the most recent tax return or W2 for all household members who contribute to your support. If on unemployment or disability, please include the determination letter sent to you by the agency granting you the funds.



OTHER ASSETS (Please identify and list amounts) such as cash (checking, savings, money market, investment accounts), equity in real estate other than one personal residence, investments other than retirement plans, and value of business if self employed:

TOTAL OTHER ASSETS \$ _____

EXPENSES (monthly)

Child Support \$ _____ Alimony \$ _____ Other \$ _____

Name of landlord/mortgage company _____

House/Rent Payment \$ _____ Utilities \$ _____ Car Payment \$ _____

Insurance Payments \$ _____ Credit Card Payments \$ _____ Groceries \$ _____

Medical Expenses (including medical insurance payments) \$ _____

Other Unusual Expenses (please be specific) _____

TOTAL EXPENSES \$ _____

Programs and Services for which you may request financial aid.

	Membership	Camp	Early Childhood	J Care
Amount paid last year	_____	_____	_____	_____
Amount Able to Pay	_____	_____	_____	_____

Please read and sign:

Scholarships are not a form of discount, but are financial assistance based on income and expenses. Scholarships are not renewed automatically and application must be filed annually. I hereby state that the information shown here is accurate and I agree to fulfill the agreement and payment responsibilities as noted on this form. I also understand I must contact the JCC if my financial situation changes during the course of this contract. Submitting false information or omitting income as well as failure to make payments as detailed below will cause suspension of services.

Signature _____ Date _____

OFFICE USE ONLY BELOW

	BEG DATE	END DATE	TOTAL REGULAR FEE	TOTAL DISCOUNTS	TOTAL SCHOLARSHIP	TOTAL AMOUNT DUE	MONTHLY PAYMENT
MEMBERSHIP							
ECE							
CAMP							
J CARE							

Comments _____

Approved by _____ Date _____