



## Financial Assistance / Scholarship Application 2023-2024

Thank you for applying for financial assistance/scholarship here at the Tucson JCC. It is our philosophy that nobody should miss out on participating at the J due to their personal financial situation, which is why we offer financial assistance/scholarship to those who qualify. We understand that asking for assistance is a difficult thing to do, so we pride ourselves on our discretion and ensuring privacy for all of our members. Please know your application will not be shared beyond the small group directly related to the review process.

Financial assistance/scholarship is available for commitment-based memberships, childcare and select programs. We do recommend seeking other resources from DES and Interfaith Community Services for additional support if you qualify.

This application covers the following programs/services for the dates listed below:

- JCC Membership April 2023-March 2024
- Camp J Summer 2023 (Membership Required for scholarship)
- ECE & J-Care 2023/2024 school year (Membership Required for scholarship and/ or program)
- Other eligible programs from April 2023-March 2024

**Applications for new and renewing financial assistance/scholarship are due March 1-15, 2023.** Applications will be reviewed in order of when they are received. The review process will begin on March 21, 2023 and conclude no later than March 31, 2023.

After March 15, new applications will be accepted on a rolling basis and assistance will be awarded based on the availability of funds. Rolling applications will be reviewed weekly, vacation and holidays may delay their process on Tuesdays (beginning April 4, 2023).

To be considered for assistance, please provide the following:

- Complete this application in its entirety. Please write legibly!
- Submit the following supplemental information with this application:
  - Membership Application (new members + rejoining) and for membership or childcare program that require membership for scholarship
  - Childcare registrations (if applying for tuition assistance for ECE/Camp/J-Care)
  - Registration completed (for General Programs- such as Mind + Body Elder Care)
  - One or more of the following financial records for **each adult** in your household (regardless who will be on the membership or participating in the program):
    - 2022 Tax Return
    - 2022 W2
    - 2022 Government Benefits Letter- unemployment, SSI, disability insurance letter (that shows monetary award, and income)
    - 2 most recent pay stubs

Awards are based on need and follow the federal poverty guidelines. Awards are presented in a percentage amount rather than dollar award. If you make changes to your membership or program registration during the award term, the percentage will remain the same. If you are interested in participating in additional programs or services during the award term, you will need to contact us for a second review and approval. We do ask if your situation changes for the better or worse you contact us to conduct an additional review of your application with updated information.

Please send all completed applications with supporting documentation to:

Tucson JCC  
C/O Monica Rosenbaum  
3800 E River Rd, Tucson, AZ 85718  
Or email [mrosenbaum@tucsonjcc.org](mailto:mrosenbaum@tucsonjcc.org)

Sincerely,

**Monica Rosenbaum**  
Director of Member Relations



# Financial Assistance / Scholarship Application 2022-2023

## Household Information

*Make sure to include all individuals that live in the household regardless if they will be on the membership or attending programs.*

### Adult 1

First and Last Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
Address: \_\_\_\_\_  
Home/Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Email: \_\_\_\_\_  
Employer: \_\_\_\_\_ Position/Title: \_\_\_\_\_  
FT or PT (circle one)  
Marital Status: \_\_\_\_\_

### Adult 2

First and Last Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
Address: \_\_\_\_\_  
Home/Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Email: \_\_\_\_\_  
Employer: \_\_\_\_\_ Position/Title: \_\_\_\_\_  
FT or PT (circle one)  
Marital Status: \_\_\_\_\_

### Dependents (list all legal dependents you claim on your taxes)

First and Last Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
School Attending: \_\_\_\_\_ Current Grade: \_\_\_\_\_  
Relationship to adults: \_\_\_\_\_  
Resides with applicants: PT/FT

First and Last Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
School Attending: \_\_\_\_\_ Current Grade: \_\_\_\_\_  
Relationship to adults: \_\_\_\_\_  
Resides with applicants: PT/FT

First and Last Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
School Attending: \_\_\_\_\_ Current Grade: \_\_\_\_\_  
Relationship to adults: \_\_\_\_\_  
Resides with applicants: PT/FT

First and Last Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
School Attending: \_\_\_\_\_ Current Grade: \_\_\_\_\_  
Relationship to adults: \_\_\_\_\_  
Resides with applicants: PT/FT

First and Last Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
School Attending: \_\_\_\_\_ Current Grade: \_\_\_\_\_  
Relationship to adults: \_\_\_\_\_  
Resides with applicants: PT/FT

First and Last Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
School Attending: \_\_\_\_\_ Current Grade: \_\_\_\_\_  
Relationship to adults: \_\_\_\_\_  
Resides with applicants: PT/FT

Note Please add information for additional dependents in extraordinary expense section if you run out of space here

**Income**

**Adult 1 |**

Salary and/or business income: \_\_\_\_\_ Weekly Bi-Weekly Monthly  
Child Support/Alimony: \_\_\_\_\_ Weekly Monthly Annual  
Unearned income (interest, dividends, pension): \_\_\_\_\_ Monthly Annual  
Gifts (loans or support from family/friends): \_\_\_\_\_ Frequency: \_\_\_\_\_  
Other (please specify): \_\_\_\_\_ Frequency: \_\_\_\_\_  
Are you currently receiving financial assistance for any other agency or institution? Yes No  
If yes, please explain: \_\_\_\_\_

Total Monthly Income: \_\_\_\_\_  
Annual Gross Income: \_\_\_\_\_

**Adult 2 | Monthly**

Salary and/or business income: \_\_\_\_\_ Weekly Bi-Weekly Monthly  
Child Support/Alimony: \_\_\_\_\_ Weekly Monthly Annual  
Unearned income (interest, dividends, pension): \_\_\_\_\_ Monthly Annual  
Gifts (loans or support from family/friends): \_\_\_\_\_ Frequency: \_\_\_\_\_  
Other (please specify): \_\_\_\_\_ Frequency: \_\_\_\_\_  
Are you currently receiving financial assistance for any other agency or institution? Yes No  
If yes, please explain: \_\_\_\_\_

Total Monthly Income: \_\_\_\_\_  
Annual Gross Income: \_\_\_\_\_

**Total Household** Monthly \$ \_\_\_\_\_ Annually \$ \_\_\_\_\_

**Monthly Expenses**

Do you own or rent your home? Own Rent  
Monthly mortgage or rent: \_\_\_\_\_  
Monthly Child Support/Alimony Payments: \_\_\_\_\_ Utilities: \_\_\_\_\_  
Monthly Car Payment(s): \_\_\_\_\_ Groceries: \_\_\_\_\_  
Monthly Medical payments (aside from health insurance premium): \_\_\_\_\_  
Monthly School Tuition (for adults or dependents): \_\_\_\_\_  
Other Monthly (please specify amount and expense type): \_\_\_\_\_

**Total monthly expenses:** \_\_\_\_\_

Describe any extraordinary expenses, special circumstances, including anticipated duration of circumstance. These are items or reasons for the application that are not clear based on the numbers and financial statements. Use this section to note additional dependents if you did not have space for them above provided.

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

How long do you anticipate needing financial assistance? \_\_\_\_\_

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

## Programs/Services

Are you applying for membership (membership is required to apply for scholarship for childcare programs ECE, JCare +Camp J)?	Yes	No	Already a Member
If yes how much are you able to pay monthly? _____			
Are you applying for Early Childhood Education (childcare for ages 6weeks- Pre-K)?	Yes	No	
If yes how much are you able to pay monthly? _____			
Are you applying for JCare (after school child care for grades K-5)	Yes	No	
If yes how much are you able to pay monthly? _____			
Are you applying for Camp J (Summer or Winter Camp entering grades K-9)?	Yes	No	
If yes how much are you able to pay weekly? _____			
Are you applying for a Program or Service?	Yes	No	
What program or service _____			
If yes how much are you able to pay? _____			

## Signature & Agreement:

- Your JCC account must be current and in good standing to apply
- JCC Membership is required for approval of financial assistance (unless specified for some programs or services)
- No cost memberships are available for those that have a qualified Medicare program and this will automatically reduce the rates for programs from guest to member pricing
- Additional information may be requested
- Application deadlines must be adhered to for consideration
- Financial assistance is available for commitment based memberships (not valid on open monthly and trial memberships), Childcare Programs (ECE, JCare & Camp J), and select program or services
- Incomplete applications or illegible applications will be returned without review
- Financial Assistance is not guaranteed, until an offer letter has been received and acceptance has been returned
- Awards are based on full price of the program/service option you selected and on Membership Status
- Awards are provided as a percentage amount and remain valid for the duration of this award term. Any changes to your selections will change the dollar amount but the percentage award will remain the same. Membership rates change every January and this may effect your dollar amount due after percentage of scholarship has been applied.
- The award provided is only for the current program/service year as stated in the cover letter, it is the applicants responsibility to reapply each year in March
- It is required of the applicant to contact us should their situation change during the award term to reevaluate the award for the remainder of the term
- The award is only valid for programs and services applied for at the time of application, should you want to add additional programs or services please contact us to review your application again.
- All financial assistance applications are confidential
- Awards are not retroactive

I hereby state that the information provided on this application is complete and correct to the best of my knowledge. I understand that if I accept a Financial Assistance award, I am responsible for paying all balances by the agreed upon dates.

Signature \_\_\_\_\_  
Printed Name \_\_\_\_\_  
Date \_\_\_\_\_

