



JCC Rockland - Financial Aid Application

Please submit a copy of your most recent tax return and a copy of a recent paystub for all applicants as listed below. Financial Aid applications can not be processed without this paperwork.

General Information

Applicant Name (1) _____ Birthdate (1) _____

Home Address (1) _____

Day Phone (1) _____ Home Phone (1) _____ Cell (1) _____

E-Mail (1) _____

Applicant (1) Occupation _____ Employer _____

Applicant Name (2) _____ Birthdate (2) _____

Home Address (2) _____

Day Phone (2) _____ Home Phone (2) _____ Cell (2) _____

E-Mail (2) _____

Applicant (2) Occupation _____ Employer _____

Annual Family Income

Applicant (1) \$ _____ Applicant (2) \$ _____

Workers Comp/Disability/Unemployment \$ _____ per _____

Alimony and Child Support \$ _____ per _____

Social Security/Pension \$ _____ per _____

Interest, Dividends, Rental Income \$ _____ per _____

Financial Support from Relatives/Others \$ _____ per _____

Total Annual Family Income \$ _____

Dependents in your family - list names, birthdates, and year in school:

Household Expenses

Do you own your home? _____ Monthly Mortgage & Charges \$ _____

Do you rent your home? _____ Monthly Rent \$ _____

Do you own a second home? _____ Monthly Mortgage & Charges \$ _____

Do you have a monthly car payment? _____ Car payment \$ _____

Do you have loan payments? _____ Loans \$ _____

Do you have any extraordinary expenses? If yes, please explain:

Are you interested in participating in a specific class or program? _____

If so, which program or class? _____

If so, how much of the fee can you afford to pay? _____

Statement of Certification

I/We declare that the information reported on this form, to the best of our knowledge and belief, is true, correct and complete.

Name of applicant(s) _____

Applicant's Signature _____ Date _____

*Applications will not be considered unless submitted with requested tax and payroll documents. JCC Rockland reserves the right to request additional financial information prior to granting a financial aid award. **All applications will be held in strictest confidence.***

Send completed applications to:

Eliza Millman
JCC Rockland
450 West Nyack Road
West Nyack, NY 10994
Email: elizam@jccrockland.org

For office use only:

COO Approval: _____ **Date:** _____

Name of Membership Rep/Primary JCC contact: _____ Date Submitted: _____