

STROUM JEWISH
COMMUNITY CENTER



Financial Aid Application

2015-2016

Thank you for your interest in the Stroum Jewish Community Center. Our goal is to ensure that as many families as possible are given the opportunity to access the services we provide. Financial assistance is applicable to one year only and a new application must be made each year.

In order to apply for financial assistance, applicants must have no outstanding obligations with the SJCC and have an income **at or below the levels on the annual household income chart** (below). If you believe you qualify, follow the steps below to submit an application.

I. DETERMINING ELIGIBILITY

Step 1: In order to determine whether you have a median income at or below the levels on the annual household income chart (below), please complete the Household Income Worksheet on page two. You will use your 2014 Federal Tax Return to complete this worksheet, so please make sure you have it available.

Step 2: In the 2015 Estimate column, fill in the boxes with your estimates for the entire year.

Step 3: Total amounts for each column in boxes A1 and A2.

Step 4: Determine the number of people in your household. Use the chart below that determine the eligible income level for a family with the same number of people, and put that number in boxes B1 and B2. For example, if you have 4 persons in your household, you would enter \$70,560 in boxes B1 and B2.

Step 5: Divide A1 by B1 and put in C1. Divide A2 by B2 and put in C2. This is your percentage of median income.

- If C2 is equal or less than 1.0, you are eligible to apply for financial assistance.
- If C2 is greater than 1.0, you are not eligible to apply for financial assistance at this time. If your situation changes and you become eligible in the future, you may file an application at that time.

Annual Household Income, not more than:

| 1 person | 2 people | 3 people | 4 people | 5 people | 6 people | 7 people | 8 people |
|----------|----------|----------|----------|----------|----------|----------|----------|
| \$49,440 | \$56,560 | \$63,600 | \$70,560 | \$76,240 | \$81,840 | \$87,440 | \$93,200 |

II. APPLYING FOR ASSISTANCE

Once you have determined that you are eligible to apply for financial assistance, please continue to complete the Application, including the Application Page, or page one. List all the members of your household (the total should match the number used to determine eligibility) and give birthdates for anyone under 21 years old. Make sure you sign and date the application.

Please fill in all requested information completely and accurately. We will be unable to process your application if information and documentation is missing or incomplete. If you include your e-mail address we will notify you as soon as a decision is made.

Once you have completed the application packet, please send with copies of all requested documents to:

Beth Rosen
SJCC Account Services Manager
3801 East Mercer Way
Mercer Island WA 98040

You will be contacted if your application is incomplete or missing required documentation and your application will be held until all requested information has been received.

The first consideration for financial aid will be made by the SJCC for all applications received as of April 30, 2015. Thereafter, all completed applications received by the first working day of the month will be reviewed by the 15th working day of the month and you will be notified by the 30th day of the month of the amount of your financial assistance. You have 15 days from notification to provide written acceptance of your financial aid to SJCC Account Services Manager Beth Rosen. After 15 days, unaccepted financial aid applications will be cancelled. When all funds available for financial aid have been allocated, we will post a notice on the SJCC web site.

Notification

Families submitting application for financial assistance on or before April 30 will be notified about the results of their application in mid-May. Applications received by the SJCC after April 30 will be evaluated on a monthly basis based on the availability of funds. Applicant families will be notified by the middle of the month following the month they submit their applications.

For more information on Early Childhood Education scholarships, please contact ECS Seattle Director Jenn Magalnick at JenniferM@sjcc.org or 206-388-8073 ext 303 for the Seattle campus or SJCC Senior Director of Family Education and Outreach Dana Weiner at DanaW@sjcc.org or 206-388-1992 for the Mercer Island campus.

For information about scholarships for SJCC membership, please contact SJCC Membership Manager Dalya Will at DalyaW@sjcc.org or 206-388-1987.

For information about scholarships for SJCC Summer Camp or Kidstown, please contact SJCC Youth and Family Program Manager and Summer Camp Director Mark Rosenberg at MarkR@sjcc.org or 206-388-0830.

CHECKLIST

- No outstanding obligations with the Stroum Jewish Community Center
- Household Income Worksheet (income less than or equal to median income)
- 2014 Federal Income Tax Return
- Application for Financial Assistance
- Household Expense Worksheet
- Pay stubs
- Program application (membership, Early Childhood School, SJCC Summer Camp, etc.)

Financial Aid Application 2015-2016



Family Name _____
Street _____
City _____ State _____ Zip _____
Home Phone _____ Cell Phone _____
Email Address _____

Financial Assistance applying for:

- SJCC Membership
- Early Childhood School Tuition
- Youth and Recreation Camps
- Kidstown

HOUSEHOLD MEMBERS

Household size: _____ (should match the number used to determine eligibility on page 4)

| Name | Age (as of January 1, 2015) | Relation to Applicant |
|------|--------------------------------|-----------------------|
| | | Applicant |
| | | Applicant |
| | | |
| | | |
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| | | |
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PLEASE BE ASSURED THAT ALL FINANCIAL INFORMATION WILL BE KEPT STRICTLY CONFIDENTIAL
Limited funds are available for financial assistance. The SJCC prioritizes eligible requests according to the needs of each household and considers extenuating circumstances as well as income and expense.

CERTIFICATION

I/we attest that the information provided herein is accurate to the best of my/our knowledge and is based on my/our current financial status. I/we understand that the SJCC reserves the right to re-evaluate any assistance granted during the period of this agreement and I/we will notify the SJCC of any changes in my/our financial status. I/we have included copies of all requested documents.

Applicant _____ Date _____
Applicant _____ Date _____

| HOUSEHOLD INCOME WORKSHEET | | 2014 Actual | 2015 Estimate |
|--|----------------------|--------------------|----------------------|
| Wages, salaries, tips, etc. | 1040 (7) | | |
| Interest | Taxable 1040 (8a) | | |
| | Tax-Exempt 1040 (8b) | | |
| Dividends | Taxable 1040 (9a) | | |
| | Tax-Exempt 1040 (9b) | | |
| State and local tax refunds | 1040 (10) | | |
| Alimony received | 1040 (11) | | |
| Business income | 1040 (12) | | |
| Capital gain or loss | 1040 (13) | | |
| IRA distributions | 1040 (15a) | | |
| Pensions and annuities | 1040 (16a) | | |
| Rental real estate, royalties, partnerships, etc | 1040 (17) | | |
| Unemployment compensation | 1040 (19) | | |
| Social Security benefits | 1040 (20a) | | |
| Other income | 1040 (21) | | |
| | | | |
| | | A1 | A2 |
| TOTAL HOUSEHOLD INCOME | | | |
| Number of adults and children in household | | | |
| | | B1 | B2 |
| ELIGIBLE INCOME LEVEL FOR SAME HOUSEHOLD SIZE (from chart on page 1) | | | |
| | | C1(A1/B1) | C2(A2/B2) |
| PERCENTAGE OF ELIGIBLE INCOME LEVEL (divide A1 by B1, A2 by B2) C2 should be less than or equal to 1.0 to qualify for financial assistance | | | |

If you did not file a 2014 Federal Income Tax Return or have any special circumstances in your income situation, please explain below or attach a separate sheet with an explanation.

| HOUSEHOLD EXPENSE WORKSHEET | | Last Month | 2014 Total Year |
|-----------------------------|---------------------------------------|------------|-----------------|
| HOUSING | <input type="checkbox"/> Rent | | |
| | <input type="checkbox"/> Mortgage | | |
| | Electricity | | |
| | Gas | | |
| | Water/sewer | | |
| | Garbage/recycling | | |
| | Telephone | | |
| | Cellular service | | |
| | Cable/satellite TV | | |
| | Insurance | | |
| TRANSPORTATION | Car loan/lease payment | | |
| | Car Insurance | | |
| | Fuel/maintenance | | |
| | Public transportation | | |
| MEDICAL | Medical and dental insurance premiums | | |
| | Co-pay amount | | |
| | Recurring prescriptions | | |

For major medical/dental treatment not covered by insurance, please describe nature of treatment and attach documentation for amounts paid.

| HOUSEHOLD EXPENSE WORKSHEET | | |
|--|------------|-----------------|
| OTHER EXPENSES | Last Month | 2014 Total Year |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
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| | | |
| | | |
| | | |
| TOTAL HOUSEHOLD EXPENSES add all 2014 expenses for total year in pages 5-7 | | |

| ASSETS INFORMATION (as of the last date of previous month) | |
|--|-------|
| Description | Value |
| Bank and investment – please list the name of the financial institution, type of accounts, name of stock/fund held | |
| | |
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| | |
| | |
| | |
| Automobile – please list the year, make and model | |
| | |
| | |
| | |
| Real Estate – Please list the address | Value |
| | |
| | |
| | |

| HOUSEHOLD EXPENSE WORKSHEET - EMPLOYMENT | |
|---|--|
| Employer | |
| Employee Name | |
| Job Title | |
| Length of Employment | |
| Supervisor | |
| Work Phone | |
| | |
| Employer | |
| Employee Name | |
| Job Title | |
| Length of Employment | |
| Supervisor | |
| Work Phone | |
| | |
| Employer | |
| Employee Name | |
| Job Title | |
| Length of Employment | |
| Supervisor | |
| Work Phone | |

Required documentation: last two pay stubs for each employer.