



Fitness. Family. Fun.
FOR EVERYONE!

Dear Applicant,

With the help of our community partners including the United Way of South Hampton Roads, the United Jewish Federation of Tidewater, and generous individuals and businesses, the Simon Family JCC makes every effort to ensure that no one is denied a JCC experience. Our Financial Aid Committee is tasked with responsibly allocating limited funds, therefore assistance is not guaranteed and is distributed to those demonstrating the greatest need.

The Simon Family JCC does not award 100% assistance.

All financial aid awards must be used toward the specific type of assistance originally applied for. Funds cannot be applied to a different program. In the event of a decrease in program/membership costs, financial assistance will be decreased, on a pro rata basis. Additional financial assistance is not guaranteed in the event of increased costs due to changes made by the applicant.

Member's accounts with the Simon Family JCC must be in good standing in order to be considered for financial assistance. Any past due balances must be paid in full before a financial aid application can be processed.

Incomplete applications will not be accepted. Any application determined to be incomplete after submission to the Customer Service Desk will be returned to the applicant.

Membership Assistance

Memberships for those currently receiving assistance and those applying for assistance will expire on June 30th of each year and must be renewed annually. For renewal, an updated application with all required supporting documentation is due to Customer Service by April 30th (of each year).

Kids Connection/Summer Camp

Financial assistance for Kids Connection and Summer Camp are only available to current JCC members in good standing. The scholarship applications are submitted to the Financial Aid Committee and are awarded based on funds available at the time of review.

Required Supporting Documentation

Please be sure to provide copies as documents will not be returned.

- Most recent 1040 tax return with schedules for each applicant (if not filed, please explain)
- Most recent W-2s for each applicant
- Two (2) most recent pay stubs for each applicant
- Business tax return (if self employed)
- Most recent Social Security 1099 form or SSI statement (if applicable)
- If needed, please include a letter explaining extenuating circumstances
- Verification for each of the following (if applicable):
 - Unemployment
 - Separation/Divorce Agreement
 - Alimony/Child Support
 - Public assistance (TANF, SNAP, etc.)
- Completed program registration forms (Kids Connection, Summer Camp, and/or JCC Membership)

PLEASE RETURN

Completed Financial Aid Application • All Required Supporting Documentation

TO

**Simon Family JCC - Customer Service Desk
5000 Corporate Woods Drive, Virginia Beach, VA 23462**



Financial Aid Application

**FOR OFFICE
USE ONLY**

Date/...../.....

M#

TYPE OF ASSISTANCE YOU ARE APPLYING FOR

Membership

New Renewal

Young Adult (Ages 16-30)

Individual 2-Adult Family

Adult (Ages 31-64)

Individual 2-Adult Family

Senior (65+)

Individual 2-Adult

Childcare

Kid's Connection Summer Camp

HOUSEHOLD INFORMATION *(All fields are required)*

Marital Status Married/Domestic Partnership Divorced Widowed Separated Single

Are you a member of a local congregation? Yes No If yes, please specify _____

Parent/Guardian 1 _____
First Name Last Name

Address City State Zip

Home Phone Cell Phone Email

Occupation/Position Employer Years w/ employer

Parent/Guardian 2 _____
First Name Last Name

Address City State Zip

Home Phone Cell Phone Email

Occupation/Position Employer Years w/ employer

CHILDREN/DEPENDENTS LIVING IN HOUSEHOLD

First Name Last Name

Date of Birth Male Female School

First Name Last Name

Date of Birth Male Female School

CHILDREN/DEPENDENTS LIVING IN HOUSEHOLD *(Continued)*

<input type="text"/>	<input type="text"/>
First Name	Last Name
<input type="text"/>	<input type="checkbox"/> Male <input type="checkbox"/> Female
Date of Birth	School
<input type="text"/>	<input type="text"/>
First Name	Last Name
<input type="text"/>	<input type="checkbox"/> Male <input type="checkbox"/> Female
Date of Birth	School

OTHERS LIVING IN HOUSEHOLD

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="text"/>
First Name	Last Name	Date of Birth		Relationship
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="text"/>
First Name	Last Name	Date of Birth		Relationship
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="text"/>
First Name	Last Name	Date of Birth		Relationship
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="text"/>
First Name	Last Name	Date of Birth		Relationship

ADDITIONAL INFORMATION

Does any member of your household have special needs? Yes No If yes, please specify

What do you feel you can afford to pay for membership/programs fees? *(Specify amounts for membership and each program separately)*

Who is responsible for payment of membership/program fees, if other than applicant? *(Identify responsible party for membership and each program separately)*

Membership Applicants - Why do you want to become a member; what services do you plan to use?

Childcare Applicants - Why do you/your child want to participate in the childcare program you are applying for?

ADDITIONAL INFORMATION

What other services/programs do you currently utilize at the Simon Family JCC?

Is there any addition information you feel should be taken into consideration by the Financial Aid Committee? *(If necessary, please attach an additional sheet)*

INCOME & EXPENSES

Did you file federal income taxes for the most recent calendar year? Yes No

Filing status Single Married filing jointly Married filing separately Head of Household Qualifying widow(er)

Primary residence Rent Own Monthly payment

Do you own additional property? Yes No Monthly payment

Monthly Expenses Medical (includes insurance) Childcare

Other (please explain)

Vehicle 1 Make Model Year Monthly payment

Vehicle 2 Make Model Year Monthly payment

Monthly Income Parent/Guardian 1 Gross Wages

Business Income Unemployment

Public Assistance 1 (provide amount & type)

Public Assistance 2 (provide amount & type)

Monthly Income Parent/Guardian 2 Gross Wages

Business Income Unemployment

Public Assistance 1 (provide amount & type)

Public Assistance 2 (provide amount & type)

Certification I/ We declare that the information reported on this form is both correct and complete.
The Simon Family JCC has permission to verify the information reported above.

Return complete application to:
Simon Family JCC - Customer Service Desk
5000 Corporate Woods Drive, Suite 100
Virginia Beach, VA 23462.

For questions regarding this form or the application process, call (757) 321-2338 or email fnaid@simonfamilyjcc.org.

Parent/Guarding Signature

Date