

SCHOLARSHIP APPLICATION

**PRINT THIS FORM, COMPLETE IT,
AND MAIL BY MARCH 10, 2010 TO:**

**JCC Maccabi Experience
Jewish Community Center
6600 W. Maple
West Bloomfield, MI 48322**

Dear Parent,

On behalf of the Jewish Community Center of Metropolitan Detroit - Mazel Tov on having an upcoming JCC Maccabi Experience participant in your family. It is our policy to review all families requesting financial assistance and to make recommendations on the fee. We will give every consideration to your request, and ask your assistance in mailing in the following information so we can facilitate your application, without asking you to come in for an interview. **A check for \$700 (payable to JCC) MUST accompany this application for your scholarship to be considered. The maximum scholarship given will be \$700. If you are not considered for the maximum scholarship amount (\$700), the balance must be paid in full within 10 days of receiving notification. Scholarships will be given on a first come, first served basis. There is a limited amount of funds available.**

**ALL MATERIALS MUST BE POSTMARKED BY MARCH 10, 2010 TO BE CONSIDERED.
ANY FORMS RECEIVED AFTER THAT DATE MAY NOT BE REVIEWED.
A CHECK FOR \$700 (payable to JCC) MUST ACCOMPANY THIS APPLICATION.**

- A copy of last year's filed tax returns (Federal, State and Local).
- A copy of last year's W-2 forms.
- Receipts showing fixed expenses (i.e. mortgage payments, rent receipts, loan payments, child support...)
- Statements of verification of other sources of income.
- Completed Financial Statement (below)
- Profit & Loss statement, if you're self employed.
- A statement as to the amount of money you feel you can provide toward your child's participation.
- A check for \$700 made payable to *Jewish Community Center*
 - \$700 CAN BE PAID IN INSTALLMENTS WITH POST DATED CHECKS AND MUST BE INCLUDED IN THIS THIS APPLICATION.

We will take into consideration individual circumstances and also review on individual basis. Please make sure that all information is complete and the attached form is filled out and included.

Please return the information no later than **MARCH 10, 2010.**

Send all information to: **JCC Maccabi Experience
Jewish Community Center
6600 W. Maple
West Bloomfield, MI 48322**

2010 JCC Maccabi Experience FINANCIAL STATEMENT 200____

This form must be completed and sent in with the information listed above.

Participants:

1. _____
2. _____
3. _____

Information on Mother

Mother's Name _____

Address _____

Home Phone _____ Business Phone _____

Do children live with both parents? YES NO

Where employed? _____

Position _____ Salary _____

Information on Father

Father's Name _____

Address (if different) _____

Home Phone _____ Business Phone _____

Where employed? _____

Position _____ Salary _____

Monthly Expenses

Home: Rent () Own ()

Monthly Payment \$ _____ Car Payment \$ _____

Property Taxes \$ _____ Model/Year _____

Utilities & Food \$ _____ Car Payment \$ _____

Insurance Model/Year _____

(Car, Life, Health) \$ _____ Bank Loan \$ _____

Doctor/Dentist \$ _____ (explain) _____

School Tuition \$ _____ Student Loan \$ _____

Health Club Costs \$ _____ Synagogue/Temple Dues \$ _____

PLEASE COMPLETE INCOME INFORMATION

Parent(s) Adjusted Gross Income 200__ \$ _____
Federal, State and Local Tax withheld \$ _____
Social Security (FICA) withheld \$ _____
Total taxes withheld \$ _____
Total tax refund (Federal, State & Local) \$ _____
Net income after taxes & refund \$ _____
Estimated income for the current year \$ _____

Do you have any other source of income? yes () no ()

If yes, from where and how much? _____

ADC # (if applicable) _____

Child Support (if applicable) \$ _____ per _____

APPLICATION NOT VALID WITHOUT SIGNATURE

I can provide \$ _____ towards the 2010 JCC Maccabi Experience.

I understand that the balance of what I owe (\$1400 *minus* what has been paid *minus* the scholarship amount) is due within 10 days of receiving notification of scholarship amount.

Print Name

Signature