

# BAY BRIDGE DELEGATION JCC MACCABI GAMES 2020

## FINANCIAL ASSISTANCE APPLICATION

*Please submit all completed Financial Assistance form to [samanthak@jccceastbay.org](mailto:samanthak@jccceastbay.org)*

### Athlete/Artist Information

**Athlete/Artist Name:** \_\_\_\_\_

Birthdate \_\_\_\_\_

School \_\_\_\_\_

Grade \_\_\_\_\_

**Athlete/Artist Name (if requesting for more than 1 child):** \_\_\_\_\_

Birthdate \_\_\_\_\_

School \_\_\_\_\_

Grade \_\_\_\_\_

### Parent/Guardian Information

<u>GUARDIAN 1</u>	<u>GUARDIAN 2 (even if divorced)</u>
<b>Guardian name:</b> _____	<b>Guardian name:</b> _____
Street: _____	Street: _____
City, State, Zip: _____	City, State, Zip: _____
Home Phone: _____	Home Phone: _____
Cell Phone: _____	Cell Phone: _____
Work Phone: _____	Work Phone: _____
E-mail: _____	E-mail: _____
Employer: _____	Employer: _____
<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time — # of hours: _____	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time — # of hours: _____
Job Title: _____	Job Title: _____

### Financial Information

Last Year Annual Income	Amount	Estimated Annual Income	Amount
Parent/Guardian 1 Gross Wages/Salary/Business		Parent/Guardian 1 Gross Wages/Salary/Business	
Parent/Guardian 2 Gross Wages/Salary/Business		Parent/Guardian 2 Gross Wages/Salary/Business	
Dividend and Interest Income:		Dividend and Interest Income:	
Spousal/Child/Family Support:		Spousal/Child/Family Support:	
Governmental Assistance:		Governmental Assistance:	
Type (AFDC, SSI, Disability, Other)		Type (AFDC, SSI, Disability, Other)	
<b>Total Income</b> (sum of above)		<b>Total Income</b> (sum of above)	

**List all education expenses for all members of the household (including day care, religious school, or secular education)**

MEMBER OF HOUSEHOLD	NAME OF EDUCATIONAL INSTITUTION	CURRENT GRADE LEVEL	ANNUAL TUITION	ANNUAL FINANCIAL AID ASSISTANCE	PARENT PAYS ANNUALLY
			\$	\$( )	\$
			\$	\$( )	\$
			\$	\$( )	\$
			\$	\$( )	\$
		<b>TOTAL:</b>	\$	\$( )	\$

1. Do you own or rent your primary residence home? **Own** \_\_\_\_\_ **Rent** \_\_\_\_\_ **Monthly payment \$** \_\_\_\_\_

2. Do you **own a car(s)**? Year(s): \_\_\_\_\_ Make(s): \_\_\_\_\_

Original Cost: \$ \_\_\_\_\_ Monthly Payment: \$ \_\_\_\_\_

Original Cost: \$ \_\_\_\_\_ Monthly Payment: \$ \_\_\_\_\_

**Please attach a copy of your most recent W2 and the first two pages of your Federal Income Tax return.**

*I certify that all information provided in this request is true, correct, and complete. I authorize the Jewish Community Center of the East Bay to make whatever inquiries are deemed necessary.*

**Parent 1/Guardian signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent 2/Guardian signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Please provide a brief statement of need and any other information you would like us to know when considering your application.**

Please submit all completed Financial Assistance form to [samanthak@jceastbay.org](mailto:samanthak@jceastbay.org)