

# Confidential Scholarship Application

Scholarships for camps & programs are provided through the generosity of the Arnie Addison Scholarship Fund.

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## JCC PROGRAMS YOU NEED ASSISTANCE WITH (Please check all that apply)

- Full Center Membership     Social Membership     Day Camp  
 Other Program (please specify) \_\_\_\_\_

Name \_\_\_\_\_  Male     Female     Other    Birth Date \_\_\_\_\_

Type of Membership:  Non-Member     New Member     Renewing Member    Member # \_\_\_\_\_    Renewal Date \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_    State \_\_\_\_\_    Zip \_\_\_\_\_

Home Phone \_\_\_\_\_    Cell \_\_\_\_\_    Fax \_\_\_\_\_

Employer \_\_\_\_\_    Position \_\_\_\_\_

Work Phone \_\_\_\_\_    Fax \_\_\_\_\_    Email Address \_\_\_\_\_

Length of Employment \_\_\_\_\_

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Spouse/Partner Name \_\_\_\_\_  M     F     Other    Birth Date \_\_\_\_\_

Employer \_\_\_\_\_    Position \_\_\_\_\_

Work Phone \_\_\_\_\_    Fax \_\_\_\_\_    Email Address \_\_\_\_\_

Length of Employment \_\_\_\_\_    \_\_\_\_\_

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## DEPENDENTS:

Name \_\_\_\_\_    Birth Date \_\_\_\_\_    Relationship \_\_\_\_\_

Name \_\_\_\_\_    Birth Date \_\_\_\_\_    Relationship \_\_\_\_\_

Name \_\_\_\_\_    Birth Date \_\_\_\_\_    Relationship \_\_\_\_\_

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**INCOME SOURCES** (Please list annual income before tax):

*(If you are applying for a program scholarship amounting to less than \$500 and less than 50% of the total program fee, please skip this section. If applying for larger program scholarships or for membership scholarship, please complete this section.)*

Child Support \$ \_\_\_\_\_ Alimony \$ \_\_\_\_\_ S.S.I. \$ \_\_\_\_\_  
Unemployment Comp. \$ \_\_\_\_\_ Soc. Security \$ \_\_\_\_\_ Food Stamps \$ \_\_\_\_\_  
Worker's Comp. \$ \_\_\_\_\_ Investments \$ \_\_\_\_\_ Pension \$ \_\_\_\_\_  
Salaries \$ \_\_\_\_\_ **Total Income** \$ \_\_\_\_\_

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**MONTHLY EXPENSES**

*(If you are applying for a program scholarship amounting to less than \$500 and less than 50% of the total program fee, please skip this section. If applying for larger program scholarships or for membership scholarship, please complete this section.)*

Please list expenses that are "unusual" for your family. This can include medical expenses, living expenses, or support that is given to family members who are not your legal dependents.

Item \_\_\_\_\_ \$ \_\_\_\_\_ Item \_\_\_\_\_ \$ \_\_\_\_\_  
Item \_\_\_\_\_ \$ \_\_\_\_\_ Item \_\_\_\_\_ \$ \_\_\_\_\_  
Item \_\_\_\_\_ \$ \_\_\_\_\_ **Total Expenses** \$ \_\_\_\_\_

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**If applying for a Membership scholarship, how much are you able to pay for JCC Membership?** \_\_\_\_\_

**If applying for other programs, how much are you able to pay for those?** \_\_\_\_\_

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**ALL SCHOLARSHIP APPLICANTS, PLEASE ATTACH:**

- A brief personal statement describing your need and how this JCC program or membership will benefit you.
- Membership Agreement or Program Registration form.

**IF YOU ARE APPLYING FOR A MEMBERSHIP SCHOLARSHIP, CAMP SCHOLARSHIP, OR PROGRAM SCHOLARSHIP AMOUNTING TO \$500 OR MORE, ALSO ATTACH THIS REQUIRED SUPPORTING DOCUMENTATION:**

- Most recent Federal 1040 Tax Return
  - Most recent pay or pension stub, W-2 and/or Social Security award letter
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**CERTIFICATION:**

The information provided herein, to the best of my knowledge, is true, accurate and complete.

Signature \_\_\_\_\_ Date \_\_\_\_\_

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**DIRECTIONS:**

1. Please complete and return this Scholarship Application, Personal Statement, Membership Agreement or Program Registration, and (if applying for membership, camp, or more than \$500) supporting documentation.
2. Mail to: APJCC Membership Office, attention Membership Services Director, 14855 Oka Road, Suite 201, Los Gatos, CA 95032. The Membership Office Telephone Number is 408.356.4973.
3. Your application will be handled with care and confidentiality. Applications are reviewed on a timely basis, and you will be notified of the outcome shortly after the review is complete.
4. Financial assistance for Membership Scholarships is reviewed on an annual basis. Please submit any reapplication prior to your membership renewal date.