



# Jewish Community Center of Greater Baltimore

Rosenbloom JCC  
3506 Gwynnbrook Avenue  
Owings Mills, Maryland 21117  
410.559.3500

Weinberg JCC  
5700 Park Heights Avenue  
Baltimore, Maryland 21215  
410.500.5900

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Barak Hermann

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Thank you for your interest in membership at the JCC. We offer a need-based scholarship to enable as many qualified individuals and families to take advantage of JCC adult programs, youth programs as well as our wonderful Sports & Wellness facilities. The JCC takes into consideration individual circumstances and reviews each application independently. The goal of the JCC scholarship program is to offer a procedure for awarding financial assistance that provides for a fair and equitable distribution of available funds while also providing for the confidentiality and dignity of the person applying for funds.

## Scholarship Procedures:

1. Complete the Request for Financial Assistance form in its entirety.
2. **Once the form is completed, you must return the application along with the required documents to the Membership office or the Chief Financial Officer, or email directly to Ken Karsh at [kkarsh@jcc.org](mailto:kkarsh@jcc.org).**
3. **You must provide the following required information to be considered for a financial award:**
  - a. Copy of your last filed tax return. If you are self-employed, also please include business tax returns.
  - b. Copy of your paychecks. If unemployed, copies of forms indicating source(s) of income (i.e., food stamps, disability, SSI, etc.)
  - c. Copy of your bills/verification of expenses and one month **copy** of your bank account statement.
  - d. If you are an online banker and do not have hard copies of your bills, please print two months of your bank account statement and bring it with you to the appointment for review. If the following requirements are not fulfilled, the JCC has the right to deny assistance.

\*Because we strive to meet the needs of our members, if you fail to show for two appointments, your opportunity to receive a scholarship may be affected and if your application is for your current membership, your account will be put on hold until you pay an additional deposit.



# Request for Financial Assistance

Weinberg JCC  
5700 Park Heights Avenue  
Baltimore, MD 21215  
410.500.5910 Fax: 410.578.0103  
Email: member\_services@jcc.org

Rosenbloom JCC  
3506 Gwynnbrook Avenue  
Owings Mills, MD 21117  
410.559.3506 Fax: 410.356.3192



The goal of the scholarship program of the JCC of Greater Baltimore is to institute a procedure of awarding financial assistance that provides for the fair and equitable distribution of available funds while also providing for the confidentiality and dignity of the person applying for funds.

If applying for camp, Early Childhood Education or Kids Center programs, you must first submit an application and refundable deposit to the program of your choice **prior** to your financial assistance interview. Financial assistance is granted only to JCC members and assistance is available for this membership.

**If the following requirements are not fulfilled, the JCC has the right to deny assistance.**

All questions on the Request for Financial Assistance form must be answered; please write N/A for those that are not applicable. The following information is required with this application:

- Copy of your last filed tax return. If you are self-employed, also please include business tax returns.
- Copy of your paychecks. If unemployed, copies of forms indicating source(s) of income (i.e., food stamps, disability, SSI, etc.)
- Copy of your bills/verification of expenses

**I am interested in scholarship for:**

**Interview Date:** \_\_\_\_\_

Membership, specify category: \_\_\_\_\_

Early Childhood Education, specify program: \_\_\_\_\_

Camp, specify program: \_\_\_\_\_ Kids Center: \_\_\_\_\_

Family Name: \_\_\_\_\_ Membership #: \_\_\_\_\_

Address: \_\_\_\_\_ Apartment #: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Email: \_\_\_\_\_ Marital Status: \_\_\_\_\_

**ADULT #1**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Occupation: \_\_\_\_\_ Position Title: \_\_\_\_\_

Employer: \_\_\_\_\_ Years at Job: \_\_\_\_\_

*If unemployed, please answer the following:*

Ending date of last job: \_\_\_\_\_ Reason for not working: \_\_\_\_\_

**ADULT #2**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Occupation: \_\_\_\_\_ Position Title: \_\_\_\_\_

Employer: \_\_\_\_\_ Years at Job: \_\_\_\_\_

*If unemployed, please answer the following:*

Ending date of last job: \_\_\_\_\_ Reason for not working: \_\_\_\_\_

**Please list children and other dependents:**

Name	Date of Birth	School Attending	Grade
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____
6. _____	_____	_____	_____

What do you feel you can afford to pay? \_\_\_\_\_

**MONTHLY INCOME SOURCES (GROSS):**

	<b>SELF</b>	<b>SPOUSE</b>
Salary and/or business income	\$ _____	\$ _____
Child Support	\$ _____	\$ _____
Alimony	\$ _____	\$ _____
Trusts, Estates, Partnerships, S-Corp	\$ _____	\$ _____
Unearned Income (Interest, Dividends, Pensions)	\$ _____	\$ _____
Social Security	\$ _____	\$ _____
Welfare	\$ _____	\$ _____
Disability, Workman's Comp, Insurance Claims	\$ _____	\$ _____
Gifts, Money or Property Inherited or Willed	\$ _____	\$ _____
Other, Please Specify (parental support, lottery, etc)	\$ _____	\$ _____

**ASSETS**

**Automobile(s):** 1. Own  Lease  Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_ Payment \$ \_\_\_\_\_  
 2. Own  Lease  Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_ Payment \$ \_\_\_\_\_

**Bank Accounts:** List all bank/money market/CD's/brokerage accounts:

<b>Financial Institution</b>	<b>Type of Account</b>	<b>Amount</b>
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

**Real Estate Holdings:** 1. Home: Market Value \$ \_\_\_\_\_ How many years \_\_\_\_\_  
 2. Other: \_\_\_\_\_

**Retirement Plan(s):** Current Year's Contributions \_\_\_\_\_ Total value \$ \_\_\_\_\_  
 Current Year's Contributions \_\_\_\_\_ Total value \$ \_\_\_\_\_

**Other Assets:** \_\_\_\_\_

**MONTHLY EXPENSES**

1. Rent  - Is property owned by a family member? Yes  No

- OR Mortgage  . . . . . \$ \_\_\_\_\_
- 2. Maintenance/Association Fees. . . . . \$ \_\_\_\_\_
- 3. Gas & Electric . . . . . \$ \_\_\_\_\_
- 4. Phone . . . . . \$ \_\_\_\_\_
- 5. Cable. . . . . \$ \_\_\_\_\_
- 6. Cell Phone . . . . . \$ \_\_\_\_\_
- 7. Car Insurance . . . . . \$ \_\_\_\_\_
- 8. Life Insurance . . . . . \$ \_\_\_\_\_
- 9. Health Insurance. . . . . \$ \_\_\_\_\_
- 10. Unusual medical expenses . . . . . \$ \_\_\_\_\_
- 11. Credit card payments . . . . . \$ \_\_\_\_\_
- 12. Tutors/Special Needs. . . . . \$ \_\_\_\_\_
- 13. Alimony of Child Support. . . . . \$ \_\_\_\_\_
- 14. Payment for pre or after school care . . \$ \_\_\_\_\_
- 15. Private School Tuition. . . . . \$ \_\_\_\_\_
- 16. College Tuition. . . . . \$ \_\_\_\_\_
- 17. Car Payment(s) . . . . . \$ \_\_\_\_\_
- 18. Bank Loans. . . . . \$ \_\_\_\_\_
- 19. School Loans. . . . . \$ \_\_\_\_\_
- TOTAL MONTHLY EXPENSES.. . . . \$ \_\_\_\_\_**
- Total credit card debt . . . . . \$ \_\_\_\_\_**

Explanation if over \$5,000 \_\_\_\_\_

If you are self-employed, what family/household expenses are paid for by your business? \_\_\_\_\_

Place of worship: \_\_\_\_\_ Dues: \$ \_\_\_\_\_ Charitable donations: \$ \_\_\_\_\_

Is a financial assistance application being reviewed by another Jewish agency? \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

**I HEREBY STATE THAT THE INFORMATION SHOWN ON THIS FORM AND ALL SUPPORTING DOCUMENTATION IS ACCURATE. I UNDERSTAND THAT ANY SCHOLARSHIP OFFER MUST BE KEPT CONFIDENTIAL AND I AGREE TO DO SO.**

Applicant's signature: \_\_\_\_\_ Date: \_\_\_\_\_