



Harry & Rose Samson Family Jewish Community Center

6255 N. Santa Monica Blvd,
Milwaukee, WI 53217
(414) 967-8180

Scholarship Application

Name of Applicant _____

Please submit the following with your completed application:

- Copy of 1040 tax return (most current), Social Security verification letter (if applicable), general assistance or food stamp documentation (if applicable). Additional documentation may be requested.

****Applications will not be considered without financial documents**

- Registration form for camps, Early Childhood Programs (Gan Ami) or Kid's Center, as applicable
- Deposit for program (Camp deposits can be made through campminder after registering, Gan Ami deposit, please contact the program directly)
- Signature and date (last page)

All materials are kept in strict confidence

Please return the application to the Scholarship Coordinator at scholarship@jccmilwaukee.org

Date Received (JCC use) _____



Harry & Rose Samson Family Jewish Community Center

Scholarship Application

Date :

Contact and General information

Applicant

Birth Date

Applicant

Birth Date

Address

Telephone number

E Mail Address

Current JCC Member? Prior PRior Prio

Prior Scholarship recipient?

Marital Status

Applicant's Occupation

Employer

Applicant's Occupation (if applicable)

Employer

Program Information (Please check all that apply.)

	Full Program Fee	Amount you can pay (Required)
Membership		
JCC Summer Day Camp		
JCC Camp Interlaken		
Early Childhood Programs - Gan Ami		
KidsCenter		

Please attach the registration form (or a copy) for each program requested.

Family Information

Name of each Child	Date of Birth	School and Grade	Program Requested

Other adults or children living at home	Relationship

Income Information

	Applicant	Applicant
Gross Annual Income		
Pension/Retirement Income		
Interest and Dividends		
Social Security State or Federal assistance		
Child Support		
Any other sources of income		
Savings		

If you are divorced, does the decree address who pays for Gan Ami or other programs?

No

Yes, please describe

What other sources do you plan to apply to for a Scholarship? If applying, how much do you expect to receive?

What other support do you receive from family, friends or community?

Additional information

Please explain any additional circumstances that we should consider, such as significant medical expenses not covered by insurance, recent unemployment, or other family challenges. Please use as much space as necessary.

- **Do NOT include orthodontics, private school tuitions, family Simchas (like Bar or Bat Mitzvahs), discretionary home improvements, etc.**
- Please list special expenses with itemized amounts.
- If you and your family have experienced hardships due to covid or any related issues in 2020 or 2021 that would make it difficult for you to pay the full amount of services, please share below.

JCC Scholarship and payment plan policies:

Applicants are required to pay fees by using cash or check, MasterCard or VISA. Membership and payment plans are only established as an automatic payment plan with a credit card.

Camp and Early Childhood Programs have limited enrollment. **Registration** for Camp and Early Childhood Programs must be complete, **including a deposit**, before a scholarship can be considered.

A minimum of 50% of the camp fees less the scholarship amount for JCC Camp Interlaken and for JCC Rainbow Camp is due prior to the first day of camp.

Any **prior balance** for JCC membership, JCC programs, and/or JCC camps must be paid in full before a scholarship can be offered.

****Scholarships are not renewed automatically; new applications and current documentation are required to continue a scholarship annually.**

All materials will be kept in strict confidence.

Health Center membership is not available during an adjusted year.

Please **sign and date** this application and return it to:

Harry & Rose Samson Family Jewish Community Center
6255 N. Santa Monica Blvd. Milwaukee, WI 53217
Attn: Scholarship Administrator

I declare that the information contained in this form, to the best of my knowledge, is correct and complete. I understand that any grant awarded will be revoked in the event of a misrepresentation or my failure to follow all the terms as agreed upon in the final offer. I further understand that, if the grant is revoked and services have already been rendered, the full amount of fees will be my responsibility.

Date **Signature of Applicant**



Financial forms are attached. Applications will not be considered without financial documents.