



Katz JCC, Cherry Hill

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MEMBERSHIP

October, 2016

Dear Financial Aid Applicant:

Thank you for being a part of our Katz Jewish Community Center Family. We understand that there are times when the cost of participation can put a strain on finances. The Betty and Milton Katz JCC is pleased to be able to assist you and your family as we are able.

Enclosed is the 2016-2017 Financial Assistance Application packet for Membership as well as a few *frequently asked questions*.

Please be sure to read all documents completely.

If you have any additional questions, please feel free to contact Debbie Fee at dfriedmanfee@ifedsnj.org. If e-mail is inaccessible, you may call (856) 424-4444 x 1215 to schedule a meeting if needed.

Please Note: This financial assistance application is not a Membership Registration Form. If you are a new member, and have not already done so, you must complete a Membership Application Form as well as sign the Membership Policy Agreement Form and turn them in to the Membership Office. The first month's membership dues are due at that time. An adjustment will be made to your account after you return your signed acceptance form.

Thank you for your cooperation.

Sincerely yours,

Debbie Fee

Financial Assistance Coordinator

On behalf of the Financial Assistance Committee

FINANCIAL ASSISTANCE APPLICATION FOR MEMBERSHIP TO THE BETTY AND MILTON KATZ JEWISH COMMUNITY CENTER

Financial Assistance Applications must be filled out annually.

Please return your application with **copies** of the below applicable required documents as the application will be considered incomplete without them and we will not be able to process your request.

DO NOT SEND IN ORIGINAL COPIES AS THEY WILL NOT BE RETURNED TO YOU

Please check and send in all that apply along with this application:

- Copies of your most recently filed State and Federal Tax Returns and W-2s. (Required)
- If you had not applied for financial assistance last year** – We must also have copies of your filed prior year's Federal and State Tax Returns and W-2s. (Required)
- If a Sub-Chapter S Corporation is listed as your business, you must supply State and Federal Tax Returns. (If Applicable)
- Proof of Social Security Income (If Applicable)
- Proof of Unemployment Compensation (If Applicable)
- Provide a letter from your doctor; if a medical condition prevents you from being employed or impacts your family financial situation. (If Applicable)
- Copy of Divorce Decree or Separation Agreement (If Applicable)

Return completed application along with copies of supporting income documents to:

**Katz JCC
Attn: Debbie Fee
1301 Springdale Road, Suite 100
Cherry Hill, NJ 08003**

I hereby state that the information shown on this application along with supporting documents is accurate.

APPLICANT'S NAME (Please print) _____

APPLICANT'S SIGNATURE _____ DATE _____

Applicant Name _____

PLEASE PRINT OR TYPE

Family Information

Applicant:

Applicant's (adult's) Name _____

Address _____ City/State _____ ZipCode _____

Home Phone No _____ Work Phone No. _____

Email Address _____

Status: Single Married Separated Divorced Widowed Other _____

Occupation _____

Employer _____ Years Employed There _____

Employer's Address _____

Spouse/Partner:

Applicant's (adult's) Name _____

Address _____ City/State _____ ZipCode _____

Home Phone No _____ Work Phone No. _____

Email Address _____

Occupation _____

Employer _____ Years Employed There _____

Employer's Address _____

Others in Household:

<u>Name</u>	<u>Gender</u>	<u>Birth date</u>	<u>Relationship to Applicant</u>	<u>School Attending</u>	<u>Seeking Assistance for this Person?</u> Y/N
_____	/	/	/	/	/
_____	/	/	/	/	/
_____	/	/	/	/	/
_____	/	/	/	/	/
_____	/	/	/	/	/
_____	/	/	/	/	/
_____	/	/	/	/	/
_____	/	/	/	/	/
_____	/	/	/	/	/

Have you or anyone in your family or household previously applied and received financial aid from the JCC?

Current Year: Yes _____ No _____ Prior Year (s) Yes _____ No _____ If yes, When? _____

Applicant Name _____

Special Circumstances:

Please describe your family situation and any exceptional circumstances (financial and otherwise) that contribute to the need for scholarship support. Be explicit and use additional paper if needed.

Financial Information:

MONTHLY INCOME		MONTHLY EXPENSES	
Applicant's Gross (before taxes) Income	\$ _____	Rent or Mortgage (circle which one)	\$ _____
Spouse's/Partner's Gross (before taxes) Income	\$ _____	Real Estate Taxes	\$ _____
Other Household Income	\$ _____	Out-of-Pocket Medical Expenses and Premiums	\$ _____
Dividends and Interest	\$ _____	Loan Payments	\$ _____
Alimony and Child Support	\$ _____	Child/Adult Care	\$ _____
Real Estate Income	\$ _____	Private School/College Tuition (list schools)	\$ _____
Social Security, SSI, DDD or any other State or Federal Programs	\$ _____	Hebrew School/Congregational Dues Congregation: _____	\$ _____
Other Monthly Income (i.e., bonus, rental income)	\$ _____	Other Monthly Expenses (explain) _____	\$ _____
TOTAL MONTHLY INCOME	\$ _____	TOTAL MONTHLY EXPENSES	\$ _____
ASSETS			
Bank account balances (includes checking, savings, money market, CD, etc.)	\$ _____		
Stocks and bonds fair market value	\$ _____		
Other assets (explain)	\$ _____		
Do not include 401K or retirement plans			
TOTAL ASSETS	\$ _____		

Applicant Name _____

Please check the type of membership you are requesting: (Check with the membership office if unsure)

JCC Member Rate October 2016 through September 2017

Full Family	\$1,392.00	_____	Single Parent Family	\$1,092.00	_____
Individual 26-35	\$648.00	_____	Individual 36 – 64	\$756.00	_____
Couple 26 – 35	\$1,008.00	_____	Couple 36 – 64	\$1,116.00	_____
Individual 65+	\$624.00	_____	Couple 65+	\$948.00	_____
Youth 13-25	\$492.00	_____			

Amount you are able to pay for the Membership type you selected \$ _____

Amount of financial assistance requested for membership
(Amount of membership minus the amount you are able to pay) \$ _____

***Please note: The JCC does not offer 100% assistance.**

Return completed application along with copies of supporting income documents to:

**Katz JCC
Attn: Debbie Fee
1301 Springdale Road, Suite 100
Cherry Hill, NJ 08003**

Office Use Only:

Amount Awarded

Applicant Name _____

KATZ JCC MEMBERSHIP FINANCIAL ASSISTANCE FREQUENTLY ASKED QUESTIONS

Does the JCC offer 100% financial assistance?

No. The Katz JCC does not award 100% assistance as funds are limited and there are many applicants.

What is the deadline for financial assistance application submission?

The deadline for returning the financial assistance application is based on **your** Membership renewal date. Please return your application *two months prior* to that date in order to be sure there is no interruption in your membership.

If I receive financial assistance, am I guaranteed that award each year?

No. You will need to apply for aid each year as the aid you receive is for one year only.

Who determines whether or not I am approved for financial assistance?

Your request for financial assistance will be reviewed by a committee. They review each application individually and make an award decision based on each applicant's individual situation. The Financial Assistance Committee **WILL NOT** review incomplete applications. **It is extremely important that you are thorough in answering all questions and in attaching the required forms as per the instructions on the Financial Assistance Cover Sheet.** You will receive notice via e-mail or USPS if your application is not complete. Please keep in mind the Financial Assistance Committee makes the final decision on the awards and **the Financial Assistance Coordinator is not part of the decision process.**

Is the financial assistance process confidential?

Yes. Your application is handled in the strictest confidence. The only person who will see your personal information is the Financial Assistance Coordinator. At no time during this process does the committee have access to your name or any other identifying information.

How and when will I be notified after my application has been reviewed?

Notifications will be done by mail. Because of the confidential nature of our process we are unable to discuss awards over the telephone.

After we receive your completed application, you will receive notification of the committee's decision via USPS within 10 business days.

Can I receive financial assistance as well as a promotional rate?

No. Financial assistance cannot be combined with any other offer.

Applicant Name _____

KATZ JCC MEMBERSHIP FINANCIAL ASSISTANCE FREQUENTLY ASKED QUESTIONS

What are my payment options?

You have a choice of either paying your balance in full before beginning to use the service or opt for a payment plan (after adjustment). Families opting for a payment plan (extended monthly drafts) must provide credit card payments (\$30 fee) or electronic funds transfer (EFT). Please note: you will be billed in full until you return the signed copy of the Financial Assistance Acceptance Form. Adjustments will be made once it is received.

What if I have additional questions regarding my application?

If you have additional questions regarding your application please e-mail the Katz JCC Financial Assistance Coordinator, Debbie Fee at dfriedmanfee@jfedsnj.org to the high volume of inquiries, e-mail is the preferred method. If e-mail is inaccessible you may call (856) 424-4444 x 1215. If your questions cannot be resolved via e-mail or phone, a meeting can be scheduled.

Can I apply and receive financial assistance if my account is not considered “in good standing?”

Assistance is only awarded to members in good standing. Financial Assistance applicants who have past due or have unpaid balances will not be considered “members in good standing” and will not be considered for any financial assistance awards. Failure to adhere to prior payment plan terms will be taken into consideration. Your accounts must be brought up-to-date before any financial assistance application can be processed.