



Questions? Please contact Tammy Ruder at 913-981-8878 or [FinancialAid@TheJKC.org](mailto:FinancialAid@TheJKC.org)

1. Type of Financial Aid applying for	<input type="checkbox"/>	Member	<input type="checkbox"/>	CDC	<input type="checkbox"/>	After-School	<input type="checkbox"/>	Camp	<input type="checkbox"/>	Para
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**Demographic Information**

2. Head of household			
First/Last name			
Email			

3. Spouse/domestic partner			
First/Last name			
Email			

4. Address			
City, State, Zip			
Phone number			

5. Synagogue member?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Which congregation(s)					

6. Marital status	<input type="checkbox"/>	Married	<input type="checkbox"/>	Divorced	<input type="checkbox"/>	Separated	<input type="checkbox"/>	Widowed	<input type="checkbox"/>	Single
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7. Occupation of applicant			
Business name		Phone	
Business address			

8. Occupation of spouse/ domestic partner			
Business name		Phone	
Business address			

9. Name of child			
Date of birth			
Grade/Name of school			
Name of child			
Date of birth			
Grade/Name of school			
Name of child			
Date of birth			
Grade/Name of school			
Name of child			

Date of birth		
Grade/Name of school		

10. Names of other dependents living at home and relationship (Grandparents, etc.)		

11. Please explain why you are applying for assistance.

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Attach separate document if more space is needed.

**Financial Information**

12. Please indicate the amount of gross earnings you anticipate receiving during the current year.

Salaries	\$
Business income	\$
Pension/Retirement Income	\$
Interest Dividend Income	\$
Explanation of disability payments	\$
Explanation of Social Security income	\$
Other (explanation):	

13. If you are divorced or separated, please answer the following questions:

Monthly income from child support	\$
If divorced or separated, who is responsible for payment of fees?	

14. Other individuals who regularly help pay for family expenses:

Relationship	Annual Amount
	\$
	\$
	\$

**Information About Previous Financial Assistance Requests**

15. Have you or any member of your family received an adjusted fee for any program, membership or service within the Jewish Community?	Yes	No

If yes, list program(s) in the space below (use additional sheet if necessary):			
Institution/Program	Date	Full Fee	Amount You Paid

### Expenses and Liabilities

<b>16. Please give amounts of payments anticipated monthly for the following:</b>				
Circle one:	Rent payments	Mortgage payments	Monthly	\$
	Alimony/child support		Monthly	\$
	Car payment		Monthly	\$
	Health insurance		Monthly	\$
	Childcare		Monthly	\$
	Medical expenses		Annually	\$
	Synagogue dues or other religious affiliations		Annually	\$
	School fees/tuition		Annually	\$
	Car insurance		Annually	\$
	Cash Only Charitable contribution		Annually	\$
	Other liabilities		Annually	\$

### Assets

<b>17. Please list the values of the family assets.</b>				
	Home			\$
	Less mortgage			\$
	Equity in home			\$
	Cash in bank			\$
	Equities in other real estate property			\$
	Savings and certificates of deposit			\$
	Retirement plans (IRA, 401K, 403B...)			\$
	Investments in stocks, bonds and other securities			\$
	Automobiles	Make:	Year:	
		Make:	Year:	
		Make:	Year:	
	Investment in business and partners			\$
	Trust funds			\$

<b>18. Please give amounts owed for the below:</b>			
	Credit card	Total Owed	Payment per month
	Student loan	\$	\$
	Bank loan	\$	\$
	Home equity loan	\$	\$

Other loans and amounts (please list below)	Total Owed	Payment per month
	\$	\$
	\$	\$
	\$	\$

Tax Return Information (Submit with application):

Include first two pages of 1040, Schedule K, Schedule C

Tax form not required by government

Applications for Membership Financial Aid are applicable to *annual Memberships only*. Please note, there will be a \$25\* application fee assessed upon completion of Membership enrollment.

Non-Members, please contact Bobby Carrico by email or (913) 981-8802 to process your membership application.

***I declare that the information contained in this form, to the best of my knowledge and belief, is true, correct, and complete. I understand that funds available for assistance are limited and that the amount of assistance, if any, will be based on financial need and available funds.***

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant

\*The \$25 application fee is only charged to new members, not recurring members. This fee will be applied to your first month's bill once the application and financial assistance is completed. This fee does not affect those applying for financial aid for the Child Development Center or for J Camp.