



Jewish Federation of Omaha

2018 Application for Financial Aid / Scholarship

The Jewish Federation of Omaha is charged with administering the allocation and distribution of scholarship and financial assistance funds entrusted to the community for the benefit of Omaha's Jewish community. This duty includes the guarantee of confidentiality to the applicants and their families in conjunction with the diligent stewardship of community funds. On an annual basis, the community allocates dollars for financial aid and scholarship. Award decisions are based on the financial need of applicants, the number of requests, and the amount of funds available. All financial aid and scholarship awards require an **annual application**. **THE CURRENT YEAR APPLICATION MUST BE USED.**

To apply for financial assistance, reduced Jewish Community Center membership fees, or scholarships, please complete the attached application. Along with the application please use the checklist on page 2 to ensure you have attached **all** required documentation. ***Any missing information will delay the application process and the ability to make a decision on your behalf.*** Your completed application and all documentation is then to be placed in a secure envelope.

Applications for reduced JCC membership and/or JFS assistance:

Applications for reduced Jewish Community Center membership fees and/or Jewish Family Service assistance should be submitted to Linda Cogen c/o Jewish Family Service and can be submitted at any time throughout the year. Applications for reduced JCC membership fees for current JCC members should be submitted by January 1, 2018. Information is reviewed by the Financial Assistance Council and assistance will be determined within two weeks of receipt of complete information. You will receive notification in the mail of an award or denial.

If you have any questions regarding this application and reduced JCC membership or JFS assistance, please contact Linda Cogen at (402)334-6493 or lcogen@jfsomaha.com.

Applications for Israel programs, Jewish residential summer camp, JCC summer camp, Friedel Jewish Academy and/or the Child Development Center:

Applications for Israel programs, Jewish residential summer camp, JCC summer camp, Friedel Jewish Academy, and/or the Child Development Center should be submitted to Diane Stamp c/o the Jewish Federation of Omaha. These applications are due **Thursday, March 1, 2018** to be considered for awards for programs in the summer of 2018 and the academic year 2018-2019. Applications are reviewed by the Financial Aid Committee with a determination made by April 1, 2018. You will receive notification in the mail of an award or denial. If you have any questions regarding this application and scholarships for Israel programs, Jewish residential summer camp, JCC summer camp, Friedel Jewish Academy, and / or the Child Development Center, please contact Diane Stamp at (402)334-6407 or dstamp@jewishomaha.org.

Funding for financial aid and scholarships is provided through the Annual Campaign of the Jewish Federation of Omaha, endowment funds of the Jewish Federation of Omaha Foundation and other grant entities.

Last Name _____

Document Checklist

For your application to be considered and reviewed in a timely manner, **ALL** of the following information must be submitted **WITH** the application.

Completed, by section, for the program to which you are applying. Mark appropriate sections below.

- JCC Membership
 - JFS Financial Assistance
 - Israel Program
 - Jewish Residential Summer Camp
 - JCC Summer Day Camp
 - Friedel Jewish Academy
 - Child Development Center
-
- A copy of your most recent Federal Tax Return, Form 1040.
 - Two most recent paystubs for each adult/parent listed on the application.
 - A copy of your most recent quarterly statement from any other source of income, including but not limited to 529 Plan, IRA, Social Security, mutual fund, etc.
 - Most recent billing statement of each expense listed on pages 5 and 6 (i.e., MUD, OPPD, insurance, cable, phone, car payments, mortgage/rent, credit card statement(s), etc.)
 - Documentation from other sources of financial aid (i.e., synagogue, family, etc.).
 - Your signature on page 3.
 - Explanation as to why financial aid/scholarship is being requested.
 - Requested amount of financial aid/scholarship.

Last Name _____

New Application Renewal Application

Applicant/Legal Guardian Information

NAME					EMAIL						
ADDRESS					CITY			STATE		ZIP	
HOME PHONE				CELL PHONE				WORK PHONE			
AGE		GENDER		DATE OF BIRTH				<input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed			
<input type="checkbox"/> Yes, I am Jewish <input type="checkbox"/> No, I am not Jewish					Synagogue Affiliation						

Spouse Information

NAME					EMAIL						
ADDRESS					CITY			STATE		ZIP	68152
HOME PHONE				CELL PHONE				WORK PHONE			
AGE		GENDER		DATE OF BIRTH				<input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed			
<input type="checkbox"/> Yes, I am Jewish <input type="checkbox"/> No, I am not Jewish					Synagogue Affiliation						

Children

NAME					DOB				
NAME					DOB				
NAME					DOB				
NAME					DOB				

I attest that the foregoing information is true and correct. I understand that knowingly providing false information will deem me ineligible to receive assistance from The Jewish Federation of Omaha and its agencies.

APPLICANT SIGNATURE

DATE

SPOUSE SIGNATURE

DATE

Last Name _____

INCOME INFORMATION

Are you employed? Yes No Part-time Full-time

NAME OF EMPLOYER			
			Wages Earned (Monthly)
			\$

Is your spouse employed? Yes No Part-time Full-time

NAME OF EMPLOYER			
			Wages Earned (Monthly)
			\$

Do you receive any of the following sources of income? *State monthly amount received.*

Social Security	\$	Child Support	\$
SSI	\$	Alimony	\$
State Assistance: SNAP, Title XX, Section 8, Medicaid, etc.	\$	Business Income *	\$
Unemployment	\$	Capital Gains *	\$
Checking/Savings	\$	Real Estate *	\$
Veteran Benefits	\$	Assistance from relatives/friends	\$
Stocks/Mutual Funds/Bonds	\$	Other *	\$
<i>* If income is listed from business, capital gains, real estate or other, provide description and additional details in box below.</i>			

Total Monthly Income	\$
Total Yearly Income	\$

ADJUSTED GROSS INCOME <i>(as listed on your Federal Tax Return)</i>	\$
--	----

Last Name _____

EXPENSE INFORMATION

Household Expense (list monthly expenses)

Mortgage/Rent	\$	Cable	\$	Food	\$
Electric	\$	Gas	\$	Water/Sewer	\$
Trash	\$	Phone	\$	Internet	\$
Taxes (if not included with mortgage payment)		\$		Subtotal	\$

Automobile (list monthly expenses)

Number of Cars		Models(s)			
Loan(s)	\$	Maintenance/Repair	\$	Gasoline	\$
				Subtotal	\$

Insurance (list monthly expenses)

Auto	\$	Life	\$	Health	\$
Homeowners/renters (if not included in mortgage payment)		\$		Subtotal	\$

Health (list monthly expenses)

Doctor	\$	Dentist	\$	Vision	\$
Medication	\$			Subtotal	\$

Dues (list monthly expenses)

Synagogue/Temple	\$	JCC Membership	\$	Professional	\$
				Subtotal	\$

Fixed Debt with Interest (list monthly expenses)

Credit Cards	\$	Charge Accounts	\$	Legal Obligations	\$
Loans	\$	Other	\$	Subtotal	\$

Last Name _____

EXPENSE INFORMATION (continued)

Child(ren) (*list monthly expenses*)

Preschool	\$	Private Education	\$	Daycare	\$
College	\$			Subtotal	\$

Miscellaneous (*list monthly expenses*)

Cleaning Service	\$	Vacations	\$	Alimony Paid	\$
Child Support	\$	Retirement	\$	Savings	\$
Nursing Home	\$	Other	\$	Subtotal	\$

Subtotal summary

Household	\$
Automobile	\$
Insurance	\$
Health	\$
Dues	\$
Fixed Debt	\$
Child(ren)	\$
Miscellaneous	\$

TOTAL MONTHLY HOUSEHOLD EXPENSES	\$
---	-----------

If your monthly expenses exceed your monthly income, please explain how you are meeting the shortfall, i.e. assistance from relatives, credit card debt, etc.

Last Name _____

Please explain in detail the financial circumstances that you feel should be considered as your request is reviewed. You may include, but are not limited to, detailing the following: parents and/or siblings attending college; support of family member(s) outside of the immediate family; excessive educational debt; excessive medical debt; serious medical issues affecting the family; significant loss of income in the past year; single parent with little or no income from absent parent, etc. ***Providing the most complete information will enable the timeliest consideration of your application.***

Attach additional page if necessary.

Briefly describe your household’s involvement in the Jewish community.

Last Name _____

Please complete the section(s) for which you are requesting financial aid or scholarship.

<input type="checkbox"/> Jewish Community Center Membership
--

- Young Adult (age 13-30)
- Individual (age 31-69)
- Couple (2 adults living at the same residence)
- Family (2 adults and dependent children under age 25 at the same residence)
- Single Parent Family (Unmarried parent with dependent children under age 25 at the same residence)
- Senior Individual (age 70 and over)
- Senior Couple (2 spouses with one or both at age 70 or over)

Total amount of assistance requested	\$
--------------------------------------	----

<input type="checkbox"/> Jewish Family Service Financial Assistance
--

Please list, in detail, any sources of financial assistance for which you have applied and indicate any amount for which you have been approved or have pending.

--	--

Amount of assistance requested	\$
--------------------------------	----

<input type="checkbox"/> Israel Programs

Participant Last Name		Participant First Name	
Name of Program and Sponsoring Organization			
Program Mailing Address for Payments			
Program Website		Session Dates	

Please list, in detail, any sources of financial assistance for which you have applied and indicate any amount for which you have been approved or have pending for this program.

--	--

Cost of program, including domestic airfare if additional	\$
---	----

Amount of scholarship request	\$
-------------------------------	----

Last Name _____

Jewish Summer Residential Camp

Child #1 Last Name		Child #1 First Name	
Name of Camp and Location		Camp cost	\$
Mailing Address for Payments			
Camp Website		Session Dates	
Child #2 Last Name		Child #2 First Name	
Name of Camp and Location		Camp cost	\$
Mailing Address for Payments			
Camp Website		Session Dates	
Child #3 Last Name		Child #3 First Name	
Name of Camp and Location		Camp cost	\$
Mailing Address for Payments			
Camp Website		Session Dates	
Please list, in detail, any sources of financial assistance for which you have applied and indicate any amount for which you have been approved or have pending for this program. Include all funding from your synagogue, direct camp assistance and Jewish Experience Grants.			
Cost of camp tuition for all children (<i>List cost of tuition only. Scholarships for transportation and equipment are not available.</i>)			\$
Amount of scholarship request			\$

JCC Summer Day Camp
(for children entering kindergarten and older; for younger children, see Page 11)

Child #1 Last Name		Child #1 First Name		Grade in fall		Age	
# Fun Day Sessions	Total Fun Day Cost	\$	# Regular Sessions	Total Weekly Session Cost		\$	
Child #2 Last Name		Child #2 First Name		Grade in fall		Age	
# Fun Day Sessions	Total Fun Day Cost	\$	# Regular Sessions	Total Weekly Session Cost			\$

This section continued on following page

Last Name _____

JCC Summer Day Camp, continued

Child #3 Last Name		Child #3 First Name		Grade in fall	Age		
# Fun Day Sessions		Total Fun Day Cost	\$	# Regular Sessions		Total Weekly Session Cost	\$
Total cost of camp tuition, including Fun Days and weekly sessions (<i>List cost of tuition only. Scholarships for before and after care are not available.</i>)						\$	
Amount of scholarship request						\$	

A NOTE ABOUT CAMP SCHOLARSHIPS
Scholarship awards for camp are based on the sessions indicated on this application that the child will attend. If the child is registered for fewer sessions, adjustments to the scholarship award may be made accordingly.

Friedel Jewish Academy

Child #1 Last Name		Child #1 First Name		Grade in Fall	
Child #2 Last Name		Child #2 First Name		Grade in Fall	
Child #3 Last Name		Child #3 First Name		Grade in Fall	
Please list, in detail, any sources of financial assistance for which you have applied and indicate any amount for which you have been approved or have pending for this program. This includes any synagogue subsidy.					
Cost of tuition (\$_____ for first child plus \$_____ for each additional child)					\$
Deduct amount of other approved financial assistance or subsidies					\$
Balance of tuition					\$
Amount of scholarship request					\$

Jewish Federation of Omaha - Application for Financial Aid & Scholarship – 2018
Page 11 of 11

Last Name _____

<input type="checkbox"/> Child Development Center				
--	--	--	--	--

Child #1 Last Name		Child #1 First Name		DOB	
Age Category	<input type="checkbox"/> Infant: 6wks-18mos	<input type="checkbox"/> Toddler: 18mo-3 yrs	<input type="checkbox"/> 3 yrs-5 yrs		
Weekly attendance	<input type="checkbox"/> 2 days per week	<input type="checkbox"/> 3 days per week	<input type="checkbox"/> 5 days per week		
Yearly attendance	<input type="checkbox"/> Full day, 12 mos a year	<input type="checkbox"/> Full day, 9 mos a year	<i>(child graduates CDC in May 2018)</i>		
	<input type="checkbox"/> Part day, 12 mos a year	<input type="checkbox"/> Summer camp* - Please list # of sessions _____			
	<input type="checkbox"/> Part day, 9 mos a year	<i>(* If child is entering kindergarten in Fall 2018 use Page 9)</i>			
Child #2 Last Name		Child #2 First Name		DOB	
Age Category	<input type="checkbox"/> Infant: 6wks-18mos	<input type="checkbox"/> Toddler: 18mo-3 yrs	<input type="checkbox"/> 3 yrs-5 yrs		
Weekly attendance	<input type="checkbox"/> 2 days per week	<input type="checkbox"/> 3 days per week	<input type="checkbox"/> 5 days per week		
Yearly attendance	<input type="checkbox"/> Full day, 12 mos a year	<input type="checkbox"/> Full day, 9 mos a year	<i>(child graduates CDC in May 2018)</i>		
	<input type="checkbox"/> Part day, 12 mos a year	<input type="checkbox"/> Summer camp* - Please list # of sessions _____			
	<input type="checkbox"/> Part day, 9 mos a year	<i>(* If child is entering kindergarten in Fall 2018 use Page 9)</i>			
Child #3 Last Name		Child #3 First Name		DOB	
Age Category	<input type="checkbox"/> Infant: 6wks-18mos	<input type="checkbox"/> Toddler: 18mo-3 yrs	<input type="checkbox"/> 3 yrs-5 yrs		
Weekly attendance	<input type="checkbox"/> 2 days per week	<input type="checkbox"/> 3 days per week	<input type="checkbox"/> 5 days per week		
Yearly attendance	<input type="checkbox"/> Full day, 12 mos a year	<input type="checkbox"/> Full day, 9 mos a year	<i>(child graduates CDC in May 2018)</i>		
	<input type="checkbox"/> Part day, 9 mos a year	<input type="checkbox"/> Summer camp* - Please list # of sessions _____			
	<input type="checkbox"/> Part day, 9 mos a year	<i>(* If child is entering kindergarten in Fall 2018 use Page 9)</i>			
Please list, in detail, any sources of financial assistance for which you have applied and indicate any amount for which you have been approved or have pending for this program.					
Total monthly Child Development Center tuition				\$	/mo
Amount of scholarship request				\$	

A NOTE ABOUT CHILD DEVELOPMENT CENTER SCHOLARSHIPS
Scholarship awards are based on the sessions indicated on this application that the child will attend. If the child is registered for fewer sessions, adjustments to the scholarship award may be made accordingly.