

PLEASE PRINT CLEARLY

Mandell Jewish Community Center Zachs Campus 335 Bloomfield Avenue West Hartford, CT 06117

Camp Shalom Fee Reduction Application – 2024 ECC Summer of Wonder Fee Reduction Application – 2024 Sports Jams Fee Reduction Application – 2024 Indoor JCC Specialty Fee Reduction Application – 2024 The Swim & Tennis Club Fee Reduction Application – 2024

Please complete ALL information on this form. Applications **will not** be processed unless <u>all</u> requested information is provided and a <u>complete</u> copy of your most current Federal income tax return and copies of all W-2's are provided. Your application must be signed and dated. To be eligible for a fee reduction, applicant's account must be up to date. Fee reductions are granted annually. **All information is kept in strict confidence.**

Name of Applicant: _						 	
Spouse's Name (if applicable):							
Address:	City:					o:	
Email:	mail: Phone:						
Marital Status: Married Widowed Separated Divorced Single						ngle	
Dependent Children: (under age 22)							
Name	Relationship to Applicant	Age	Camp Shalom Y/N	Summer of Wonder Y/N	Sports Jams Y/N	Indoor Specialty Y/N	Estimated # Weeks of Attendance
Are you currently a member of the Mandell JCC? Yes No							
I have submitted my Camp Shalor Sports Jams The Swim &	m	_		CC Summ door JCC			

[Please note: Financial aid awards are based on <u>actual</u> weeks of enrollment and the award amount may be reduced if actual weeks vary from the estimated weeks indicated above]

FINANCIAL INFORMATION: Please complete the following information request <u>and</u> submit this form along with the requested documentation. Applications **will not** be processed unless <u>all</u> requested information is provided.

Income:	Per 2023 tax return	Estimated for the 2024 year			
Adjusted Gross Income					
Other untaxed income					
Child Support Received					
Social Security/Pension					
Total Income:					
Expenses:					
Mortgage/Rent					
Private School Tuition					
Other Loan Obligations					
Other Unusual Expenses (please explain below)					
Total Expenses:					
Assets:					
Balance cash, savings, & checking Investments (except family home),					
CD's, investments, etc.					
PLEASE PRINT. (Attach ad	•	nk might be helpful in our evaluation ary.)			
	e check): 2023 <u>Federal</u> (not State) ta: supporting reported revent				
•	fare, food stamps, rent subs ree (if applicable for child suppo				
Copy of Divolce Dec	ree (ii applicable for crilic suppo	it and/or allifforty information)			
I/We have answered the al	pove questions to the bes	et of my/our ability.			
Signature	Date	Date			
Signature	Date				

Please mail to: Mandell Jewish Community Center, 335 Bloomfield Avenue West Hartford CT 06117 Attn. Kim Corona Charron, Scholarship Coordinator <u>OR</u> scan documents and email: kcharron@mandelljcc.org