



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

**Camp Shalom Fee Reduction Application – 2026**  
**ECC Summer of Wonder Fee Reduction Application – 2026**  
**Sports Jams Fee Reduction Application – 2026**  
**Indoor JCC Specialty Fee Reduction Application – 2026**  
**The Swim & Tennis Club Fee Reduction Application – 2026**

Please complete ALL information on this form. Applications **will not** be processed unless all requested information is provided and a complete 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.**

**PLEASE PRINT CLEARLY**

Name of Applicant: \_\_\_\_\_

Spouse's Name (if applicable): \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Marital Status: ☐ Married ☐ Widowed ☐ Separated ☐ Divorced ☐ Single

Dependent Children: (under age 22)

Name	Relationship to Applicant	Age	Grade	Estimated # Weeks of Attendance

Are you currently a member of the Mandell JCC? Yes ☐ No ☐

I have submitted my application for:

☐ Camp Shalom ☐ ECC Summer of Wonder  
☐ Sports Jams ☐ Indoor JCC Specialty  
☐ The Swim & Tennis Club

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

-OVER-

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

<b>Income:</b>	Per <b>2025</b> tax return	<b>Estimated</b> for the <b>2026</b> year
Adjusted Gross Income		
Other untaxed income		
Child Support Received		
Social Security/Pension		
<b>Total Income:</b>		
<b>Expenses:</b>		
Mortgage/Rent		
Private School Tuition		
Other Loan Obligations		
Other Unusual Expenses (please explain below)		
<b>Total Expenses:</b>		
<b>Assets:</b>		
Balance cash, savings, & checking Investments (except family home), CD's, investments, etc.		

➡ Please provide any additional information that you think might be helpful in our evaluation.  
PLEASE PRINT. (Attach additional sheet(s) as necessary.)

**I/We have enclosed (please check):**

\_\_\_\_\_ **Complete** copy of **2025 Federal** (not State) tax return, **including W-2's**  
 \_\_\_\_\_ Other documentation supporting reported revenue, e.g. Social Security income, welfare, food stamps, rent subsidies  
 \_\_\_\_\_ Copy of Divorce Decree (if applicable for child support and/or alimony information)

**I/We have answered the above questions to the best of my/our ability.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Please mail to:** Mandell Jewish Community Center, 335 Bloomfield Avenue West Hartford CT 06117  
 Attn. Kim Corona Charron, Scholarship Coordinator **OR** email documents to [kcharron@mandelljcc.org](mailto:kcharron@mandelljcc.org)