

JCSO

Jewish Children's Service Organization
Serving the Jewish Community Since 1919

**APPLICATION FOR FINANCIAL AID
CAMP, DAY CARE, OR BASIC NEEDS**

Applications are accepted from youth of the Jewish Faith who submit proof of financial need. It is essential that you provide accurate and complete information.

JCSO REQUIREMENTS

Copy of parent or guardian's income tax return for current year must be attached to this request. Include a detailed explanation of need for assistance.

Submit a letter of reference from agency, school or rabbi attesting to your financial situation.

Child's Name _____ M _____ F _____

Address _____ Phone _____

_____ Email _____

Date(s) of Birth _____

School Attending & Grade(s) _____

Name and address of program for which this application is being made:

We were referred to JCSO by: _____

Reason for request:

Signature of Adult Making Application:

Date:

FAMILY INFORMATION

INDICATE: Father __ Stepfather __ Guardian __ Marital Status: M __ D __ S __ W __
Name & Address _____ Age _____

Occupation _____ Employed by _____ # of years _____

INDICATE: Mother __ Stepmother __ Guardian __ Marital Status: M __ D __ S __ W __

Name & Address _____ Age _____

Occupation _____ Employed by _____ # of years _____

Name and ages of all members of the household – including applicant:

Home: Rented _____ Monthly Rent _____

Owned _____ Purchase Date and Price _____

Present Market Value _____ Mortgage Payment(s) _____

Property Taxes _____

Unpaid Mortgage Principal – First \$ _____ Second \$ _____

Other Real Estate Owned (Describe fully: year purchased, cost, market value, mortgages etc.)

Investments: Stocks, Bonds, Retirement Plans, etc. Itemize and give value of each:

Present Cash in Savings (including CDs) \$ _____ Checking \$ _____

Do you have non-taxable income? If so, please specify source and amount. _____

Business, if owned and percentage of ownership: _____

Automobiles: Owned/Leased by Family _____
Monthly Payment(s) _____

Outstanding Loans Other than Mortgage and Automobile _____

Remarks (Use additional sheet if necessary) _____

EXPENSES: (Itemize as given to you by the camp or day care facility):

	\$	_____
	\$	_____
	\$	_____
	\$	_____
	\$	_____

Total Expenses: \$ _____

RESOURCES:

Parent(s)/ Guardian / Child

Savings	\$	_____
Financial Aid from Institution	\$	_____
Social Security Benefits	\$	_____
Veteran's Benefits	\$	_____
Family Contribution	\$	_____
Other (Specify)	\$	_____
Total Resources:	\$	_____
Expenses Less Resources:	\$	_____

Comments/ Extenuating Circumstances:

Post Office Box 370386
Bishop's Corner Branch
West Hartford, Connecticut 06137