



Please return all required documents with your application. Incomplete applications or applications missing required documents will not be processed.

Required documentation:

- Most current 1040/1040EZ or other Federal Tax Return, with all schedules, W-2 and 1099 Forms
- Current year's pay stubs (1 for each applicant)
- Public Assistance verification if applicable
- Unemployment Insurance verification if applicable and most recent tax return
- Social Security/SSI Income/ pension verification if applicable
- \$25 non-refundable processing fee

Each request is assessed individually. The MJCCA reserves the right to adjust all MJCCA financial assistance awards based on information regarding change in income or awards from outside sources. Should you have any questions, contact **Barbara Vahaba, Financial Assistance Coordinator: 678-812-4142** Barbara.vahaba@atlantajcc.org. All areas marked with a ** are required to be completed or application will not be reviewed.*

*Date of Application _____

*Name: _____ *Spouse: _____

*Applicant Date of Birth _____ *Spouse Date of Birth _____

*Street Address _____ *City _____

*Zip Code _____ *Phone # (home) _____ (cell/work) _____

Email address _____

*Type of Membership (please check one): New Renewal

*MEMBERSHIP LEVEL FOR WHICH YOU ARE REQUESTING FINANCIAL ASSISTANCE (Please circle one)

	All Access	Program +		All Access	Program+
Family (children under 23)	\$1872	\$1212	Senior Individual (65+)	\$912	\$612
Couple (Children under 3)	\$1548	\$1104	Senior Couple (65+)	\$1320	\$840
Single Parent Family	\$1404	\$960	Teen/Young Adult (13 - 27)	\$732	\$552
Individual (28 - 64)	\$1056	\$720			

*** FAMILY INFORMATION**

Marital Status: (please circle one) Single—Married—Divorced—Widowed—Separated

*Size of household: Number of adults living in this household: _____

Number of children living in this household: _____

*Children under 23 years of age and living in home:

First Name ONLY	Age	Name of school
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

*Other dependents

First Name ONLY	Age	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____

***EMPLOYMENT INFORMATION**

First names ONLY. Please include all adult members of household.

Name of Applicant: _____

Occupation: _____

Employer: _____

Name of Co-Applicant _____

Have you previously received financial assistance from the MJCCA? (check one) Yes No

If yes, what year(s) have you received assistance? _____

***ANNUAL INCOME INFORMATION**

Adjusted Gross Income \$ _____ (from last year's tax return)

Social Security Benefits \$ _____

Child Support (if applicable) \$ _____

Other support from family \$ _____

***ASSET INFORMATION**

*Total Value of Cash or Savings Account _____

*Total Value of Stocks/Bonds/Certificates of Deposit _____

*Home #1: (check one) _____ Rent _____ Own (If you own, please complete the information below.)

Current Value of Home \$ _____

*Vehicles(Include all vehicles in the household):

Make / Year _____	Leased	Owned	Amount Owed \$ _____
Make / Year _____	Leased	Owned	Amount Owed \$ _____

*

MONTHLY EXPENSE INFORMATION

- Mortgage or Rent \$ _____
- Second Mortgage \$ _____
- Total Credit Card Debt \$ _____
- Monthly credit payments \$ _____
- Student Loan payments \$ _____
- Other consumer debt payments \$ _____
- Child Support Payments \$ _____
- Health Plan payments \$ _____
- Other expenses \$ _____

***CHANGE OF INCOME**

Do you anticipate a change next year in your household income? _____ Yes

**If yes, complete the following questions:*

*What do you anticipate your household income to be for the coming year?

*Your income will be reduced in the coming year for the following reason(s). (Circle all that apply.)

- | | | |
|-------------------------------------|------------------------------------------------|-------------------------|
| Unemployed/expect to be unemployed | Plan to take a job at a lower wage rate | |
| Reduced hours | Exiting the workforce and plan to work at home | |
| Filing for legal separation/divorce | Plan to retire | |
| Medical Reasons | Death of a spouse | Increase in family size |
| Loss of alimony or spousal support | Military reasons | Other _____ |

Please use the space below to add any information or comments which you feel might be helpful in determining your family's qualification for tuition assistance.

*I/We understand that should any of the information included in this application or any supporting documents be untrue, the MJCCA reserves the right to rescind the full amount of any tuition assistance and demand full payment of all fees. I (we) understand that fee adjustments are not automatically renewable and must be reviewed annually.

Signature of Applicant _____

Please return the completed form and all required documents to:
Marcus Jewish Community Center of Atlanta
5342 Tilly Mill Road
Dunwoody, GA 30338
Attn: Financial Assistance Coordinator

MJCCA is a proud partner & beneficiary of: Jewish Federation of Greater Atlanta