



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

Please return all required documents with your application. It may take up to one month to process financial assistance requests. 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 (2)
- 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@atlantaicc.org](mailto:Barbara.vahaba@atlantaicc.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)**

|                            | Preferred | Essential |                            | Preferred | Essential |
|----------------------------|-----------|-----------|----------------------------|-----------|-----------|
| Family (children under 23) | \$1416    | \$888     | Mature Adult (65+)         | \$660     | \$420     |
| Couple (Children under 3)  | \$1140    | \$792     | Mature Couple (65+)        | \$996     | \$612     |
| Single Parent Family       | \$1032    | \$672     | Teen/Young Adult (13 - 27) | \$516     | \$348     |
| Individual (28 - 64)       | \$732     | \$468     |                            |           |           |



**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 \_\_\_\_\_

\*Total Value of Retirement Plan \_\_\_\_\_

\*Annual Contribution to Retirement Plan \_\_\_\_\_

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

Current Value of Home \$ \_\_\_\_\_



\*Home #2 (If applicable): (check one) \_\_\_\_\_ Rent \_\_\_\_\_ Own  
(If you own, please complete.) Current Value of Home \$ \_\_\_\_\_

\*Vehicles(Include all vehicles in the household):

|                   |        |       |                      |
|-------------------|--------|-------|----------------------|
| Make / Year _____ | Leased | Owned | Amount Owed \$ _____ |
| 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 \_\_\_\_\_ No

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