

APPLICATIONS DUE: APRIL 2, 2012

Please select the program(s) you are applying for assistance:

- | | | | | |
|--|--|--|---|--|
| <input type="checkbox"/>  | <input type="checkbox"/>  | <input type="checkbox"/>  | <input type="checkbox"/>  | <input type="checkbox"/>  |
|--|--|--|---|--|

Age Requirements: Children ages 18 months or older as of June 1, 2012

Financial assistance for day camps and Maccabi Games come from the Rosenman Endowment, the Jewish Community Federation Day Camp Scholarship Fund of the Jewish Community Endowment Fund and the OFJCC's Fund A Need.

Scholarships available to T'enna families come from the OFJCC's Fund A Need, the Leslie Family Endowment, the Jim Joseph Foundation, and the Jewish Preschool Scholarship Fund of the Jewish Community Endowment Fund of the Jewish Community Federation of San Francisco, the Peninsula, Marin and Sonoma Counties

All applications and documentation will be reviewed by the OFJCC Financial Aid Committee, which will make all allocation decisions. Applicant names are withheld to preserve confidentiality.

INSTRUCTIONS:

Please ensure you have registered for all programs before applying for Financial Aid. Fill out this interactive PDF application and print two copies. Mail one copy to camp with your 2011 U.S. Federal tax return and retain a copy for your records. (Note: Interactive PDF files cannot be saved as permanent files.)

- 1. Fill out Forms 1A thru 1C, **one per family**:
FORM 1A – Family Information, **FORM 1B** – Financial Information, **FORM 1C** – Statement of Need
- 2. Complete one supplemental form per child for each program requested.
- 3. Print 2 copies of entire packet. Keep one copy for your records and mail 2nd copy with your 2011 US Federal Tax Returns 1040 Form to:

OFJCC
3921 Fabian Way
Palo Alto, CA 94303
Attn: Randi S. Brenowitz
- 4. All applications must be received by **5:00 P.M. on April 2, 2012**.

Applicants will hear back from the Financial Aid Committee no later than **May 18, 2012**.

If your family is not awarded aid and you chose to withdraw your child from a program, you will receive a 100% refund on **any deposit** paid for that program. Application fees and Maccabi Games deposits are non-refundable.

Questions or concerns please contact Randi Brenowitz at rbrenowitz@paltojcc.org.

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(ONE FORM PER FAMILY)

JCC Member? Y N

PARENT 1: <input type="checkbox"/> Mother <input type="checkbox"/> Stepmother <input type="checkbox"/> Guardian <input type="checkbox"/> Other _____	PARENT 2: <input type="checkbox"/> Father <input type="checkbox"/> Stepfather <input type="checkbox"/> Guardian <input type="checkbox"/> Other _____
Name:	Name:
Address:	Address:
City, County, Zip:	City, County, Zip:
Home Phone:	Home Phone:
Cell Phone:	Cell Phone:
Work Phone:	Work Phone:
E-Mail:	E-Mail:
Religious Affiliation: <input type="checkbox"/> Jewish <input type="checkbox"/> Other	Religious Affiliation: <input type="checkbox"/> Jewish <input type="checkbox"/> Other
Synagogue:	Synagogue:
Country of Birth:	Country of Birth:
US Citizen: Y <input type="checkbox"/> N <input type="checkbox"/> Arrival Year in US:	US Citizen: Y <input type="checkbox"/> N <input type="checkbox"/> Arrival Year in US:
Employer:	Employer:
Job Title:	Job Title:

Parent 1 Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Single, never married <input type="checkbox"/> Widowed <input type="checkbox"/> Partner
Parent 2 Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Single, never married <input type="checkbox"/> Widowed <input type="checkbox"/> Partner
Parent 1 Tax return filing status: <input type="checkbox"/> Married <input type="checkbox"/> Head of Household <input type="checkbox"/> Single
Parent 2 Tax return filing status: <input type="checkbox"/> Married <input type="checkbox"/> Head of Household <input type="checkbox"/> Single
Who claims the applicant for tax purposes? <input type="checkbox"/> Both <input type="checkbox"/> Parent 1/ Parent 2 Alternate years <input type="checkbox"/> Parent 1 <input type="checkbox"/> Parent 2
Total exemptions claimed on 2011 federal tax return? Parent(s) ____ + Children ____ + Other ____ = TOTAL ____

List all education expenses for all members of the household (including day care, private school, and college)					
MEMBER OF HOUSEHOLD	SCHOOL NAME	CURRENT GRADE	ANNUAL TUITION	ANNUAL FINANCIAL AID ASSISTANCE	PARENT PAYS ANNUALLY
			\$	\$ ()	\$
			\$	\$ ()	\$
			\$	\$ ()	\$
			\$	\$ ()	\$
		TOTAL*	\$	\$ ()	\$

* Enter 1/12 of the total annual education expense on Form 2: Average Monthly Expenses: Monthly Tuition Expense

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2012 OFJCC Financial Aid Application: FINANCIAL INFORMATION

FORM 1B

(ONE FORM PER FAMILY)

Please complete the information below, entering "0" if the category does not apply

2011 ANNUAL INCOME	AMOUNT	AVERAGE MONTHLY EXPENSES	AMOUNT
Parent 1 Gross Wages		Rent or Mortgage (include RE taxes)	
Parent 2 Gross Wages		Household expenses, food, utilities, etc	
Interest Income		Medical out of pocket expenses	
Dividend Income		Auto loan or lease payments	
Alimony Income		Gas, car insurance, maintenance, local transportation	
Business Income (Schedule C)		Alimony & Child Support expense	
Capital Gain (Loss) (Schedule D)		Clothing, entertainment, vacation	
Pensions, Annuities & IRA Distributions		Monthly tuition expense (include day care, private school & college) Refer to schedule on Form 1A	
Real Estate Income (Loss) (Sch E, pg 1)			
Partnerships, S-Corps, Trusts & Estates		Children's extracurricular expenses (sports, lessons, tutoring, etc)	
Unemployment, Disability, VA benefits			
Social Security		Other insurance expense	
Food Stamps, other government assist			
Child Support Income			
Indirect Child Support (expenses paid by others on behalf of your child)			
TOTAL ANNUAL INCOME	\$	TOTAL MONTHLY EXPENSES	\$

1. Bank Accounts (as of 12.31.11): Checking: \$ _____ Savings: \$ _____
2. Stocks, bonds, mutual funds (Current Value as of 12.31.11): \$ _____ Trust funds held in your name or child's name \$ _____
3. Retirement plans (Current Value as of 12.31.11): \$ _____
4. Personal Residence: <input type="checkbox"/> Own <input type="checkbox"/> Rent If owner, year purchased: _____ Purchase Price: \$ _____ Current Mortgages: \$ _____ Current Market Value: \$ _____

Do you own OR lease a car? Yes No

Make/Model/Year	Original Cost	Current Value	Loan Balance
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$

Consumer Debt:	Balance as of 12.31.11	Monthly Payment
Credit Cards & other unsecured loans	\$ _____	\$ _____
Other debt not listed above: _____	\$ _____	\$ _____

Investment Real Estate Owned:	Date of Purchase	Purchase Price	Current Mortgages	Current Value
Address, City, State, Zip				

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(ONE FORM PER FAMILY)

An explanation of your family’s financial circumstances is a mandatory part of this application for financial aid.

Your application will not be considered by the Financial Aid Committee without this statement.

Describe any changes in family or economic circumstances over the past year that supports your request for financial aid this year. Include known events in 2012 that will impact your family (new child, bar mitzvah, etc). If a parent has lost their job, indicate the date unemployment began, the date unemployment will end, and the estimated \$ cost of this change. If work hours were reduced, provide the estimated \$ cost of this change. Highlight any of the following: single parent, first generation émigré, special needs family member, multiple children attending.

Parent(s) whose information is represented in the application must sign below to indicate they have read and agreed to the following terms.

I hereby certify that all information provided in this application is true, correct and complete. I authorize the Oshman Family JCC to make anonymous and share this information with one or more scholarship committee(s) for the purpose of granting a scholarship award. I further authorize the Oshman Family JCC to make additional inquiries they consider necessary to assure accuracy of the information provided.

Parent / Guardian 1 signature: _____ Date: _____

Parent / Guardian 2 signature: _____ Date: _____

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2012 T'enna Preschool Financial Aid Application: CHILD INFORMATION
(ONE FORM PER CHILD)

FORM 2

Child Name:			
Birth date:	Age:	<input type="checkbox"/> Female <input type="checkbox"/> Male	Member #:

Information on school cost and funding sources

1. Are you currently a member of T'enna Preschool? Yes No **OR** Just Joined - Date Joined: _____
2. Has the child been enrolled in this school's program before? Yes No
3. Has the child received financial aid from this school before? Yes No
4. Has your application been referred through Jewish Family Children's Service? Yes No
5. If yes, for how many years have you received financial aid from JFCS? _____

Enrollment Information

- | | | | |
|---|---|---|---|
| Program Name
(\$Annual Tuition) | <input type="checkbox"/> 2 DAY Tots (\$5740) | <input type="checkbox"/> 2 DAY Twos (\$5200) | <input type="checkbox"/> 3 DAY Threes (\$8050) |
| | <input type="checkbox"/> 3 DAY Tots (\$7820) | <input type="checkbox"/> 3 DAY Twos (\$7640) | <input type="checkbox"/> 5 DAY Threes (\$9420) |
| | <input type="checkbox"/> 5 DAY Tots (\$10120) | <input type="checkbox"/> 5 DAY Twos (\$9920) | <input type="checkbox"/> 5 DAY Fours (\$9040) |
| | <input type="checkbox"/> Threes Hebrew Immersion (\$9580) <input type="checkbox"/> Fours Hebrew Immersion (\$13580) | | |
| | <input type="checkbox"/> Gesher (\$13450) | | |

Please refer to the camp catalog for specific pricing extended care programs:

- | | | | | | |
|---|-----------------------------------|------------------------------------|------------------------------------|------------------------------------|------------------------------------|
| Breakfast Club | <input type="checkbox"/> 1 day/wk | <input type="checkbox"/> 2 days/wk | <input type="checkbox"/> 3 days/wk | <input type="checkbox"/> 4 days/wk | <input type="checkbox"/> 5 days/wk |
| Extended Mornings
<i>(Not applicable to Fours Hebrew Immersion or Gesher Program)</i> | <input type="checkbox"/> 1 day/wk | <input type="checkbox"/> 2 days/wk | <input type="checkbox"/> 3 days/wk | <input type="checkbox"/> 4 days/wk | <input type="checkbox"/> 5 days/wk |
| T'enna Afternoons (4 PM) | <input type="checkbox"/> 1 day/wk | <input type="checkbox"/> 2 days/wk | <input type="checkbox"/> 3 days/wk | <input type="checkbox"/> 4 days/wk | <input type="checkbox"/> 5 days/wk |
| T'enna Afternoons (6 PM) | <input type="checkbox"/> 1 day/wk | <input type="checkbox"/> 2 days/wk | <input type="checkbox"/> 3 days/wk | <input type="checkbox"/> 4 days/wk | <input type="checkbox"/> 5 days/wk |

Scholarship Information

Total number of days attending per week: _____ Total # of hours per week (including extended care): _____

1. TOTAL SCHOOL COST PER YEAR: Tuition \$ _____ + Extended care \$ _____ = \$ _____
2. WHAT COST WILL YOU COVER? **The scholarship committee expects families to contribute to school fees.**
 - a. Record what family can contribute towards tuition & extended care for this child \$ _____
 - b. Funding from grandparent or relative \$ _____
 - c. Funding from JFCS or other agency grant \$ _____
 - d. **Total Contribution** (add Lines 2a through 2c) \$ _____
3. **SCHOLARSHIP REQUESTED (subtract Line 2d from Line 1)** \$ _____

FOR OFJCC ADMINISTRATIVE STAFF ONLY:

Total amount of award given: \$ _____	Is this a returning scholarship recipient? YES / NO
Award % of total annual cost: \$ _____	Recorded by: _____

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Child Name:			
Birth date:	Age:	<input type="checkbox"/> Female <input type="checkbox"/> Male	Member #:
Grade as of Fall 2012:	School Attending in Fall 2012:		

Information on school cost and funding sources

1. Is this child currently participating in Club J? Yes No
2. Has the child received financial aid from this school before? Yes No
3. Has your application been referred through Jewish Family Children's Service? Yes No
4. If yes, for how many years have you received financial aid from JFCS? _____

Enrollment Information

Please mark which program this child will be participating in at Club J in 2012-2013:

- Kindergarten Full Day 11:30 AM-6:00 PM; Monday thru Friday (\$785 per month; \$7,065 per academic year)
- Kindergarten Full Day without transportation (\$710 per month; \$6,390 per academic year)
- Grades 1-5 Full Day 2:00 PM-6:00 PM; Monday thru Friday (\$620 per month; \$5,580 per academic year)
- Grades 1-5 Full Day without transportation (\$545 per month; \$4,905 per academic year)

Scholarship Information

1. TOTAL COST: Participation Fee \$ _____
2. WHAT COST WILL YOU COVER? **The scholarship committee expects families to contribute to fees.**
 - a. Record what family can contribute towards participation fees for this child \$ _____
 - b. Funding from grandparent or relative \$ _____
 - c. Funding from other agency grant \$ _____
 - d. **Total Contribution** (add Lines 2a through 2c) \$ _____
3. **SCHOLARSHIP REQUESTED (subtract Line 2d from Line 1)** \$ _____

FOR OFJCC ADMINISTRATIVE STAFF ONLY:

Total amount of award given: \$ _____ Is this a returning scholarship recipient? YES / NO
Award % of total annual cost: \$ _____ Recorded by: _____

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2012 J-CAMP Financial Aid Application: CHILD INFORMATION
(ONE FORM PER CHILD)

FORM 4

Child Name:
Birth date: Age: [] Female [] Male Member #:
Grade as of Fall 2012: School Attending in Fall 2012:

Information on cost and funding sources

- 1. Has your child enrolled in J-Camp programming before? [] Yes [] No
If so, please mark all programs they have participated in:
[] Summer Camp [] Winter Camp [] Spring Camp [] Mini Camp
2. Has your child received financial aid from the OFJCC before? [] Yes [] No
If yes, for how many years have you received financial aid from the OFJCC? _____

Enrollment Information

Please mark each camp this child will be participating in at J-Camp Summer 2012:

Traditional Camps:

- K'tonton [] Session A (\$590) [] Session B (\$530) [] Session C (\$590) [] Session D (\$590)
Kefli [] Week 1 (\$275) [] Week 2 (\$275) [] Week 3 (\$275) [] Week 4 (\$220)
[] Week 5 (\$275) [] Week 6 (\$275) [] Week 7 (\$275) [] Week 8 (\$275) [] Week 9 (\$275)
Tova [] Session A (\$590) [] Session B (\$530) [] Session C (\$590) [] Session D (\$590)
Ruach [] Session A (\$600) [] Session B (\$540) [] Session C (\$650) [] Session D (\$600)
Barak [] Session A (\$690) [] Session B (\$625) [] Session C (\$740) [] Session D (\$690)

Sports & Special Focus Camps:

- [] Kung Fu (\$320) [] Rollerskating (\$300) [] Mad Science: Little Green Thumbs (\$350)
[] Action Attraction; Full Week (\$380)

Scholarship Information

- 1. TOTAL CAMP COST (from above): \$ _____
2. WHAT COST WILL YOU COVER? The scholarship committee expects families to contribute to camp fees.
a. Record what family can contribute toward camp fees for this child \$ _____
b. Funding from grandparent or relative \$ _____
c. Funding from other agency grant \$ _____
d. Total Contribution (add Lines 2a through 2c) \$ _____
3. SCHOLARSHIP REQUESTED (subtract Line 2d from Line 1) \$ _____

FOR OFJCC ADMINISTRATIVE STAFF ONLY:

Total amount of award given: \$ _____
By Session: A: _____ B: _____ C: _____ D: _____ E: _____
Award % of total annual cost: \$ _____
Is this a returning scholarship recipient? YES / NO
Recorded by: _____





Child Name:			
Birth date:	Age:	<input type="checkbox"/> Female <input type="checkbox"/> Male	Member #:

Information on cost and funding sources

- Has your child enrolled in T'enna Camp programming before? Yes No
 If so, please mark all programs they have participated in: Summer Camp Holiday Camp
- Has your child received financial aid from the OFJCC before? Yes No
 If yes, for how many years have you received financial aid from the OFJCC? _____

Enrollment Information

Please mark each camp this child will be participating in at T'enna Camp Summer 2012:

Yad B' Yad

- Session A (\$210) Session B (\$210) Session C (\$210) Session D (\$210) Session E (\$210)

T'enna Camp – MWF Half Day (9-1 PM)

- Session A (\$425) Session B (\$355) Session C (\$425) Session D (\$425) Session E (\$425)

T'enna Camp – MWF Full Day (9-4 PM)

- Session A (\$625) Session B (\$550) Session C (\$625) Session D (\$625) Session E (\$625)

T'enna Camp – M-F Half Day (9-1 PM)

- Session A (\$625) Session B (\$560) Session C (\$625) Session D (\$625) Session E (\$625)

T'enna Camp – M-F Full Day (9-4 PM)

- Session A (\$905) Session B (\$815) Session C (\$905) Session D (\$905) Session E (\$905)

Aftercare Enrollment

AM Care– MWF (8-9 AM)

- Session A (\$65) Session B (\$55) Session C (\$65) Session D (\$65) Session E (\$65)

AM Care– M-F (8-9 AM)

- Session A (\$105) Session B (\$95) Session C (\$105) Session D (\$105) Session E (\$105)

PM Care– MWF (4-6 PM)

- Session A (\$120) Session B (\$100) Session C (\$120) Session D (\$120) Session E (\$120)

PM Care– M-F (4-6 PM)

- Session A (\$200) Session B (\$180) Session C (\$200) Session D (\$200) Session E (\$200)

Scholarship Information

- TOTAL CAMP COST (from above): \$ _____
- WHAT COST WILL YOU COVER? **The scholarship committee expects families to contribute to camp fees.**
 - Record what family can contribute toward camp fees for this child \$ _____
 - Funding from grandparent or relative \$ _____
 - Funding from other agency grant \$ _____
 - Total Contribution** (add Lines 2a through 2c) \$ _____
- SCHOLARSHIP REQUESTED (subtract Line 2d from Line 1)** \$ _____

FOR OFJCC ADMINISTRATIVE STAFF ONLY:

Total amount of award given: \$ _____
 By Session: A: _____ B: _____ C: _____ D: _____ E: _____
 Award % of total annual cost: \$ _____

Is this a returning scholarship recipient? YES / NO
 Recorded by: _____

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Child Name:			
Birth date:	Age:	<input type="checkbox"/> Female <input type="checkbox"/> Male	Member #:
Grade as of Fall 2012:	School Attending in Fall 2012:		

Information on cost and funding sources

1. Has your child enrolled in Maccabi Games programming before? Yes No
 If so, please mark each year they have participated in: 2011 2010 2009 2008 2007
2. Has your child received financial aid from the OFJCC before? Yes No
 If yes, for how many years have you received financial aid from the OFJCC? _____

Enrollment Information

Please mark which program this child will be participating in for 2012:

August 5-12: JCC Maccabi Games in Houston, TX (\$1,500)

Please note that the \$150 deposit required for Maccabi registration is non-refundable, regardless of registration status

Scholarship Information

1. TOTAL COST: Participation Fee \$ _____
2. WHAT COST WILL YOU COVER? **The scholarship committee expects families to contribute to fees.**
- | | |
|--|-----------------|
| a. Record what family can contribute towards participation fees for this child | \$ _____ |
| b. Funding from grandparent or relative | \$ _____ |
| c. Funding from other agency grant | \$ _____ |
| d. Total Contribution (add Lines 2a through 2c) | \$ _____ |
3. **SCHOLARSHIP REQUESTED (subtract Line 2d from Line 1)** **\$ _____**

FOR OFJCC ADMINISTRATIVE STAFF ONLY:

Total amount of award given: \$ _____
Award % of total annual cost: \$ _____

Is this a returning scholarship recipient? YES / NO
Recorded by: _____

