STROUM JEWISH COMMUNITY CENTER

SIMPLIFIED REQUEST FOR FINANCIAL ASSISTANCE

For Programs with Total Cost at or UNDER \$1,500

January 2021

Thank you for your interest in the Stroum Jewish Community Center. Our goal is to ensure that as many families as possible are given the opportunity to access the services we provide. Financial assistance is applicable to one year only and a new application must be made each year.

In order to apply for financial assistance, applicants must have no outstanding obligations with the Center and have an income **at or below the levels on the annual household income chart (below).** If you believe you qualify, follow the steps below to submit an application:

I. DETERMINING ELIGIBILITY

Step 1: In order to determine whether you have an income at or below the levels on the annual household income chart (below), please complete the Household Income Worksheet on page 4. You will use your 2020 Federal Tax Return to complete this worksheet, so please make sure you have it available (if you do not have your 2020 Tax Return available in time to meet the application deadline, you may estimate and submit your Tax Return later; any award will be conditional upon review of your 2020 Federal Tax Return).

- Step 2: In the 2021 Estimate column, fill in the boxes with your estimates for the entire year.
- Step 3: Total amounts for each column in boxes A1 and A2.
- **Step 4:** Determine the number of people in your household. Use the chart below that determine the eligible income level for a family with the same number of people, and put that number in boxes B1 and B2. For example, if you have 4 persons in your household, you would enter \$95,250 in boxes B1 and B2.
- Step 5: Divide A1 by B1 and put the result in C1. Divide A2 by B2 and put the result in C2.
 - If C2 is equal or less than 1.0, you are eligible to apply for financial assistance.
 - If C2 is greater than 1.0, you are not eligible to apply for financial assistance at this time. If your situation changes and you become eligible in the future, you may file an application at that time.

<u>Annual Household Income Chart (Represents 80% of Median income):</u>

1 person	2 persons	3 persons	4 persons	5 persons	6 persons	7 persons	8 persons
\$66,700	\$76,200	\$85,750	\$95,250	\$102,900	\$110,500	\$118,150	\$125,750

II. APPLYING FOR ASSISTANCE

Once you have determined that you are eligible to apply for financial assistance, please complete this Application if the total program cost for all programs you are applying for is at or UNDER \$1,500. There is a different Application for assistance where the total program cost is over \$1,500. Make sure you sign and date the application on page 3.

Please fill in all requested information completely and accurately. We will be unable to process your application if information and documentation is missing or incomplete. If you include your e-mail address we will notify you as soon as a decision is made.

Once you have completed the application packet, please send with copies of all requested documents to:

Stroum JCC Scholarship Manager 3801 East Mercer Way Mercer Island WA 98040

You will be contacted if your application is incomplete or missing required documentation and your application will be held until all requested information has been received.

All completed applications received by the first working day of the month will be reviewed by the 15th working day of the month and you will be notified by the 30th day of the month of the amount of your financial assistance. You have 15 days from notification to provide written acceptance of your financial aid to SJCC Scholarship Manager. After 15 days, unaccepted financial aid applications will be cancelled.

CHECKLIST

	No outstanding obligations with the Stroum Jewish Community Center
	Household Income Worksheet (income less than or equal to 80% of median income)
	2020 Federal Income Tax Return
	Application for Financial Assistance (Simplified)
	Pay stubs
	Program application (membership for every category but Family Membership, SJCC Summer
	Camp, etc.)
П	Other pertinent documents as specified below

Stroum Jewish Community Center Simplified Application for Financial Assistance (Program Cost at or LESS THAN \$1,500)

Family Name					
Home Address					
City					
Home Phone	()			
Cell Phone	()			
Email					
Financial Assist	ance ap	plying for:			
SJCC Membe	ership (r	non-Family) 🔲 Yo	uth and Recreation/	Camps	
Other (pleas	e specif	y):			
LISTING OF HO	USEHOL	D MEMBERS			
Household size	:	(should match the	e number used to de	termine eligibility on page 4)	
Name		ne	Age (as of 1.1.2021)	Relation with applicant	
				Applicant	
				Applicant	

PLEASE BE ASSURED THAT ALL FINANCIAL INFORMATION WILL BE KEPT STRICTLY CONFIDENTIAL

Limited funds are available for financial assistance. The SJCC prioritizes eligible requests according to the needs of each household and considers extenuating circumstances as well as income and expense.

CERTIFICATION

I/we attest that the information provided herein is accurate to the best of my/our knowledge and it is based on my/our current financial status. I/we understand that the SJCC reserves the right to reevaluate any assistance granted during the period of this agreement and I/we will notify the SJCC of any changes in my/our financial status. I/we have included copies of all requested documents.

Applicant			
Applicant			
Date	<u>-</u>		
Stroum Jewish Community Center Application for Financial Assistance Household Income Worksheet			
HOUSEHOLD INCOME		2020 Actual	2021 Estimate
Wages, salaries, tips, etc. Addback Retirement Contributions Interest Dividends IRA, pensions, annuities Social security benefits State & local tax refunds Alimony received Business income Capital gain or loss Other gain or loss Rental real estate, royalties, partnerships, etc. Unemployment compensation Other income	1040 (1) 1040 (2a) 1040 (3a) 1040 (4a) 1040 (5a) 1040 Sch. 1 (10) 1040 Sch. 1 (11) 1040 Sch. 1 (12) 1040 Sch. 1 (13) 1040 Sch. 1 (14) 1040 Sch. 1 (17) 1040 Sch. 1 (19) 1040 Sch. 1 (21)		
Child Support (include Child Support Agreement)		A1	A2
TOTAL HOUSEHOLD INCOME			
Household size		B1	В2
ELIGIBLE INCOME LEVEL FOR THE SAME HOUSE	HOLD SIZE		
(from Annual Household Income Chart on page	1)	C1 = A1/B1	C2 = A2/B2
PERCENTAGE OF ELIGIBLE INCOME LEVEL (divide C2 should be less than or equal to 1.0 to qualify for the company of the company			

Stroum Jewish Community Center Application for Financial Assistance Household Expense Worksheet

situation, please expla	in below. Spec	ome Tax Return or have any special circumstances in your income cial circumstances can include job loss, adult going back to school, umentation, such as divorce decree, alimony agreement or child
EMPLOYMENT		Required Documentation
Employer		•
Name of Employ	/ee	Last 2 Pay Stubs
Job Title		
Length of Emplo	yment	
Supervisor		
Work Phone		
Employer		
Name of Employ	/ee	Last 2 Pay Stubs
Job Title		
Length of Employment		
Supervisor		
Work Phone		
Employer		
Name of Employ	/ee	Last 2 Pay Stubs
Job Title		
Length of Employment		
Supervisor		
Work Phone		