



Jewish Community Center Of Youngstown

FINANCIAL ASSISTANCE APPLICATION

505 Gypsy Lane, Youngstown Ohio 44504 | P: 330.746.3251 F:330.746.7926 | jccyoungstown.org

THE ESSENCE OF THE JCC

At the JCC of Youngstown, our guiding values help us to fulfill our mission - to create and maintain a standard of excellence in the areas of social, cultural, educational and recreational programs for our members of all ages in a Jewish environment. In Judaism, the concepts of charity and justice are closely intertwined - in fact they both come from the same root word, *tzedek*. Efforts to remove barriers to full participation are also acts of *tikkun olam*, which is the Jewish directive to repair the world.

EVERYONE WELCOME

The JCC welcomes all who wish to participate and believes that no one should be denied access to the JCC based on their ability to pay. Through our assistance program, the JCC provides assistance to youth, adults, and families based on individual needs and circumstances.

COMMITTED TO OUR COMMUNITY

Determining the amount of assistance is handled by the JCC in a fair and consistent manner. Every JCC member receives the same membership benefits, regardless of whether or not they receive assistance. JCC members can feel confident knowing they are part of an organization that cares greatly for the well-being of all people.

ODJFS CERTIFIED

The JCC has a fee adjustment program that provides annual assistance based on need and available funds. Our Early Learning Center is ODJFS certified and Camp JCC is pending certification. If you qualify for ODJFS funding, that will take priority over any scholarship we may be able to provide. In the meantime, we will process your application and you should work with ODJFS to confirm your eligibility.

Financial Assistance is reviewed on an annual basis.

Please submit your application prior to your membership renewal date.

Please return this form to:

Jewish Community Center of Youngstown
505 Gypsy Lane
Youngstown, OH 44504

**For more information please contact
the JCC Membership Department at:**

330.746.3250 ext. 195
mmccarthy@jewishyoungstown.org

The JCC is open and accessible to everyone, regardless of age, race, religion, national origin, sexual orientation, gender identity, gender expression, or special needs by welcoming individuals of all backgrounds, and embracing their uniqueness and diversity.

Updated 5/2/2022

ASSISTANCE NEEDED

JCC Membership (Page 2) Camp JCC JCC Early Learning Center
Membership is required for both Camp JCC and Early Learning Center applicants.

PRIMARY MEMBER

First Name _____ Middle Initial _____ Last Name _____
Address _____
City _____ State _____ Zip _____
Birthdate _____ Home Phone _____ Cell Phone _____
Email Address _____
Occupation _____ Employer _____
Jewish Yes No Prefer not to say Keycard # _____

SECONDARY MEMBER

First Name _____ Middle Initial _____ Last Name _____
Address _____
City _____ State _____ Zip _____
Birthdate _____ Home Phone _____ Cell Phone _____
Email Address _____
Occupation _____ Employer _____
Jewish Yes No Prefer not to say Keycard # _____

CHILDREN (AGE 22 AND UNDER) OR ADD-ONS: GRANDCHILDREN/BABYSITTER (ADDITIONAL CHARGE)

FIRST NAME	MI	LAST NAME	SEX	BIRTHDATE	KEYCARD #
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

EMERGENCY CONTACT

Name _____ Phone _____

TYPE OF MEMBERSHIP

- Single Parent Family
 Two Parent Family
 Adult 29+
 Young Adult
 Teen
 Senior Single
 Senior Couple

MONTHLY INCOME

Head of Household Monthly Income <i>(include salary, bonuses, commissions)</i>	
Secondary Member Monthly Income <i>(include salary, bonuses, commissions)</i>	
Social Security/ AFDC Income	
Child Support/ Alimony Received	
Unemployment Compensation	
Any Additional Income	
Total Monthly Income	
Total Annual Household Income	

MONTHLY EXPENSES

Housing <input type="checkbox"/> Rent <input type="checkbox"/> Mortgage	
Utilities <i>(Include electric, gas, water, trash, etc.)</i>	
Medical	
Other <i>(Include phone, cable and internet, car, child care, credit cards, loans, etc.)</i>	
Total Monthly Expenses	
How much can you afford to pay monthly?	

IF UNEMPLOYED

Length of Time Unemployed _____

Date Planning to Return to Work _____

Reason for Unemployment _____

What are your options for income? _____

ADDITIONAL ADJUSTMENTS

Have you received an adjustment of fees for any JCC program previously? Yes No

If yes, which programs and when? _____

Do you have a child enrolled in Akiva Academy?

Yes No

Do you participate in any other services offered by the JCC?

Do you volunteer at JCC of Youngstown or the Youngstown

Area Jewish Federation? Yes No

If yes, please provide an explanation:

PLEASE ANSWER THE FOLLOWING QUESTIONS

Briefly describe why you require financial assistance to pay for a JCC membership, including any special circumstances, and if your need is temporary. If one or more adults in the household are not receiving income, please explain how the remaining portion of fees will be paid.

How would you/your family benefit from a membership at the JCC?

If you are renewing your scholarship, please explain how the JCC has impacted you and your family. What programs have you participated in?

CAMP INFORMATION

Are you ODJFS qualified? Yes No
 Are you a current member with a JCC family membership? Yes No*

*I understand that in order to receive a scholarship for Camp JCC, I will be required to become a member at a discounted rate. Yes No

CAMPER'S FULL NAME(S)	NUMBER OF CAMP WEEKS*	AM CARE	PM CARE	LUNCH ASSISTANCE
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Camp JCC offers optional AM Care from 6:45 to 8:30 a.m. and PM Care from 3:30 to 6:00 p.m. each day. If you do not select lunch assistance for your camper(s) you will be required to pack a lunch daily. **10 weeks max. per camper, specialty camps are excluded from scholarship consideration.*

MANAGEABLE CAMP JCC WEEKLY PAYMENT	\$ _____
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ELC INFORMATION

Are you ODJFS qualified? Yes No
 Are you a current member with a JCC family membership? Yes No*

*I understand that in order to receive a scholarship for the Early Learning Center, I will be required to become a member at a discounted rate. Yes No

STUDENT'S FULL NAME(S)	BIRTHDAY	FULL TIME	PART TIME
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

Scholarships are valid for one year and new applications must be completed annually. Spaces are limited due to Step Up to Quality ratios.

MANAGEABLE ELC MONTHLY PAYMENT	\$ _____
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INITIAL PAYMENT FOR NEW MEMBERS

REGISTRATION FEE	\$
MONTHLY PRORATED AMOUNT	\$
CAMP JCC MONTHLY PAYMENT	\$
ELC MONTHLY PAYMENT	\$
TOTAL	\$

METHOD OF PAYMENT

Automatic Credit/Debit Card (Payment on 15th of every month.)

Credit/Debit Card: Visa Mastercard Discover Amex

Name on Card _____ Account number _____

Signature _____ Exp date _____

Automatic Withdrawal (Payment on 15th of every month. Please attach voided check.)

Checking Bank Name _____

Savings Account Name on Account _____

Routing # _____ Account # _____

Payment in Full

Credit/Debit Card: Visa Mastercard Discover Amex Check Cash

Total payment _____ Name on Card _____

Account number _____ Exp. date _____

Signature _____

REQUIRED DOCUMENTATION

- A copy of your two most recent pay stubs (also for your spouse if applicable)
- Any documentation if you receive SSI, Pension, or any other benefit payments
- Verification of any other source of income

CERTIFICATION

The information provided herein, to the best of my knowledge, is true, accurate, and complete.

Signature _____ Date _____

I, the undersigned, on behalf of myself individually and/or on behalf of the minor(s) listed below, hereby understand and acknowledge that the training, programs, and events held by the Jewish Community Center of Youngstown (hereinafter referred to as "JCC") may expose me to many inherent risks, including accidents, injury, communicable illness, or even death.

I DO HEREBY WAIVE, RELEASE AND FOREVER DISCHARGE THE YOUNGSTOWN AREA JEWISH FEDERATION and the JCC and its officers, employees, agents, contractors, representatives, successors, and all others acting on its behalf from ANY AND ALL CLAIMS OR CAUSES OF ACTIONS (KNOWN OR UNKNOWN) that may now exist or that may hereafter arise, FOR ANY AND ALL INJURY, COMMUNICABLE ILLNESS, PROPERTY DAMAGE, OR LOSS THAT MAY OCCUR as a result of participation in any aspect of the activities, facilities, programs, and services offered at or by the JCC, including, but not limited to, use of equipment or machinery in connection with the activities, facilities, programs, and services offered at or by the JCC.

I acknowledge that I have voluntarily chosen to participate in a program of physical exercise with or without the approval of my physician and at my own risk. I understand that each person (myself included) has a different capacity for participating in such activities, facilities, programs, and services. I further agree that my participation in any and all activities, facilities, programs, and services provided at or by the JCC, IS AT MY OWN RISK AND I ASSUME ANY AND ALL RISK OF INJURY, COMMUNICABLE ILLNESS,

DAMAGE, OR LOSS THAT MAY RESULT from such participation. I also agree to assume all risk of damage, loss or theft to or of any of my personal property.

I give my consent and authorize the JCC to exercise the unrestricted right to take, use, reuse, and reproduce pictures of my child(s) or myself without an obligation to provide compensation to those photographed and use such photographs as follows: 1. in any publication (including; but not limited to, newspapers, television and/or radio broadcasts, books, brochures, magazines, displays, Internet broadcasts, and motion pictures) in such manner and at such times and in such places as the JCC shall determine; and 2. to copyright and use, re-use, publish, and republish photographic portraits or pictures of me or my minor child, named herein, or in which I or my minor child may be included intact or in part, or reproduction hereof in color or otherwise, made through any and all media now or hereafter known for illustration, art, promotion, advertising, trade, or any other purpose whatsoever.

This WAIVER AND RELEASE shall be binding upon, and shall inure to the benefit of, and be enforceable by and against each party hereto and each of their employees, agents, representatives, heirs, successors, executors, administrators, and assign.

By my signature I indicate that I have read and understand this WAIVER AND RELEASE. I am aware that this is a waiver and a release of liability and I voluntarily agree to its terms.

MEMBERSHIP CONTRACT *(Initial Below)*

____ I understand that I am committing to a month-to-month membership plus any additional services, and I must give a 30-day written notice to cancel.

____ I understand that this membership and additional services/add-ons will be paid monthly and all payments will be automatically taken from either a credit card or bank account on the 15th of every month. There is a \$20 mandatory fee for all declined payments and the membership is subject to cancellation after one declined payment.

____ I understand that no refunds will be given and acknowledge that membership fees are subject to change and I will be notified of that change.

Member Name (Print) _____

Member Signature _____ Date _____

(Parent/Guardian signature if under 18 years of age)

I represent that I have the legal capacity and authorize to act on behalf of the minor(s) named below.

Parent/Guardian Signature _____ Date _____

Names of Minors (Print) _____
