



# Financial Assistance Application

PLEASE RETURN THIS FORM, ALONG WITH THE CAMP REGISTRATION FORM, SUPPORTING DOCUMENTATION AND DEPOSIT, TO CAMPING SERVICES, 333 NAHANTON STREET, NEWTON, MA 02459

Please check all applicable camps:

- Camp Kingswood  
617.558.6527  
info@kingswood.org
- Camp Grossman  
617.244.5124  
grossman@jccgb.org
- Camp Kaleidoscope  
617.558.6523  
kaleidoscope@jccgb.org

Applications due by:

January 31

April 1

April 1

Notifications sent:

Ongoing

Mid-April

Ongoing

All paperwork, including the Camp Registration form, supporting documentation and deposit, must be completed and received by the Camp Office in order for your application to be considered. Please call the appropriate camp office with any questions.

**CHILD'S NAME** \_\_\_\_\_

Age \_\_\_\_\_ Camp(s) attending \_\_\_\_\_ Which weeks? \_\_\_\_\_

**CHILD'S NAME** \_\_\_\_\_

Age \_\_\_\_\_ Camp(s) attending \_\_\_\_\_ Which weeks? \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone \_\_\_\_\_

1. Copies of your most recent Federal income tax return, each of your 2019 W-2(s), and a pay stub for each working adult member of the household must be submitted with this form. If you do not file income tax returns, include a letter of validation from your source of income (i.e. Welfare Department, Social Security, University, etc.). No financial assistance applications will be processed without the requested documentation. (Please note: a copy of this year's income tax return and W-2(s) must be received by the Camp Office by April 15, 2020.)
2. Camps can only offer up to 50% off camp tuition in financial assistance based upon need. The applicant is responsible for the balance of the tuition.
3. If you are not able to accept the offered tuition assistance, you must notify the camp in writing within two weeks of receipt of your award letter, at which point your deposit will be returned.

**PARENT'S/GUARDIAN'S NAME** \_\_\_\_\_

Occupation \_\_\_\_\_ Cell phone \_\_\_\_\_

Email \_\_\_\_\_

Married  Single  Separated  Divorced  Widowed  Other \_\_\_\_\_

**PARENT'S/GUARDIAN'S NAME** \_\_\_\_\_

Occupation \_\_\_\_\_ Cell phone \_\_\_\_\_

Email \_\_\_\_\_

Married  Single  Separated  Divorced  Widowed  Other \_\_\_\_\_

Dependents, ages and relationship \_\_\_\_\_

Who else lives in the household? \_\_\_\_\_

Residence:  Own single family/condo  Own multiple family  Rent

FOR OFFICE USE ONLY		
Date _____	Total Fee \$ _____	Received _____
Family ID # _____	SA \$ _____	

*Continued on reverse side*

# 2020 Financial Assistance Form *Continued*

## INCOME (for 2019)

Wages and salaries \_\_\_\_\_  
Public assistance \_\_\_\_\_  
Food stamps \_\_\_\_\_  
Unemployment compensation \_\_\_\_\_  
Income from other sources \_\_\_\_\_  
Child support \_\_\_\_\_  
Other \_\_\_\_\_  
**Total 2019 gross income** \_\_\_\_\_

## EXPENSES (for 2019)

Medical (includes insurance) \_\_\_\_\_  
Rent/annual mortgage (include principal, interest and taxes) \_\_\_\_\_  
Day School or other private school tuition \_\_\_\_\_  
Synagogue dues/religious School tuition \_\_\_\_\_  
College tuition \_\_\_\_\_  
Childcare \_\_\_\_\_  
Outstanding loans \_\_\_\_\_  
Total monthly loan payments \_\_\_\_\_  
Other expenses \_\_\_\_\_  
**Total 2019 gross expenses** \_\_\_\_\_

How much do you feel that you can afford toward tuition (Family Total)? \_\_\_\_\_

If your family was referred to JCC Greater Boston Camps by another agency, please indicate the name of the agency, phone number and the staff contact.  
\_\_\_\_\_  
\_\_\_\_\_

*(The above information will allow us to explore any possibilities for joint subsidy of your child's tuition.)*

Are you seeking assistance from other individuals or organizations?  YES  NO

If yes, please list:

Organization/Individual name _____	Organization/Individual name _____
Contact name _____	Contact name _____
Phone _____	Phone _____
Email _____	Email _____
Expected Contribution _____	Expected Contribution _____

Please note that parents are ultimately responsible for all camp fees in the event a third party cannot fulfill their obligation.

Describe any special circumstances which affect your ability to pay tuition. Please attach a separate sheet if more space is needed.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Did your child attend a JCC camp last summer? \_\_\_\_\_ If so, please check:

Camp Kingswood  Camp Grossman  Camp Kaleidoscope

Did your child previously receive financial assistance to attend a JCC camp? \_\_\_\_\_ If so, what year? \_\_\_\_\_