



Mandell Jewish Community Center
 335 Bloomfield Avenue
 West Hartford, CT 06117

Camp Shalom Fee Reduction Application – 2017

Please complete ALL information on this form. Applications **will not** be processed unless **all** requested information is provided and a complete copy of your most current Federal income tax return and copies of all W-2's are provided. Your application must be signed and dated. Any questions should be directed to Frank Resnick at fresnick@mandelljcc.org or 860-231-6321. To be eligible for a fee reduction, applicant's account must be up to date. Fee reductions are granted annually. **All information is kept in strict confidence.**

PLEASE PRINT

Name of Applicant: _____ SS#: _____

Spouse's Name (if applicable): _____

Address: _____ City: _____ Zip: _____

Telephone: Home: _____ Work: _____ Cell: _____

Email: _____

Marital Status: Married Widowed Separated Divorced Single

Dependent Children: (under age 22)

Name	Relationship to applicant	Age	Camp Shalom Y/N	Campareenah Y/N	Estimated# weeks of attendance

Are you a member of the JCC? Yes No

Have you submitted your Camp Shalom/Campareenah application?

Yes No

[Please note: financial aid award will be based on actual weeks of enrollment and the award amount may be reduced if actual weeks vary from estimated weeks indicated above.]

FINANCIAL INFORMATION: Please complete the following information request and submit this form along with the requested documentation. Applications **will not** be processed unless all requested information is provided.

Income:	Per 2016 tax return	Estimated for the 2017 year
Adjusted Gross Income		
Other untaxed income		
Child Support Received		
Social Security/Pension		
Total Income:		
Expenses:		
Mortgage/Rent		
Jewish Day School		
Other Loan Obligations		
Other Unusual Expenses <small>(please explain below)</small>		
Total Expenses:		
Assets:		
Balance cash, savings, & checking Investments (except family home), CD's, investments, etc.		

➔ Please provide any additional information that you think might be helpful in our evaluation.
PLEASE PRINT. (Attach additional sheet(s) as necessary.)

I/We have enclosed (please check):

- _____ **Complete** copy of **2016** Federal (not State) tax return, ***including W-2's***
- _____ Other documentation supporting reported revenue, e.g. Social Security income, welfare, food stamps, rent subsidies
- _____ Copy of Divorce Decree (if applicable for child support and/or alimony information)

I/We have answered the above questions to the best of my/our ability.

Signature

Date

Signature

Date

Please **mail** to: Mandell Jewish Community Center, 335 Bloomfield Avenue
West Hartford CT 06117 **Attn. Frank Resnick, OR** scan documents and **email:**
fresnick@mandelljcc.org