



*A place where everyone belongs.*

**FEE ADJUSTMENT POLICIES**

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\*Deceased

The Jewish Community Center of Syracuse, Inc. is open to all who wish to participate in its programs and activities, and who support the mission of the JCC. Our services meet the needs of age groups from 18 months through senior adults.

As a policy of the JCC, fee adjustments are possible for members **of the Center only**. No one in need will be denied membership. Consequently, if you are not a current member of the JCC, you must be one before a fee adjustment is determined. You may request a fee adjustment for membership as well as for the program you/your children wish to participate in.

Consideration of fee adjustments will be based on two primary factors: the need for and the cost of the service requested and the family/individual's ability to pay.

Typically, fee adjustments are considered for the following: **Membership, ECDP, After School Special, Summer Day Camps**. Program classes, adult programs do not receive fee adjustments.

Extended payment plans and partial fee adjustments may be employed dependent upon the number and nature of requests received as well as the availability of funds. While the JCC will attempt to accommodate requests, the filing of an application does not ensure award of scholarship.

**Fee Adjustment applications must be received at the JCC by the following dates:**

**2018 Summer Camp: May 14, 2018**

**2018/2019 ECDP School year: June 4, 2018**

**2018/2019 After School Program: August 3, 2018**

**PROCEDURE**

1. Complete and sign the attached form front and back.
  - a. Complete and attach all appropriate registration forms: this defines what services you are requesting. (Not applicable if already enrolled).
  - b. Return these forms accompanied by your most recent **IRS TAX RETURN AND APPROPRIATE W-2 WAGE STATEMENTS**.
  - c. Attach appropriate registration fees. If a fee adjustment agreement is not reached, these will be returned.
2. Upon receipt of application, an interview with the Executive Director may or may not be requested. The Director's office will notify you of the results of your application.

**NOTE:** Fee adjustments are not renewed automatically, but must be reviewed each year. **A change in this registration form will result in a change in the scholarship amount including the possibility of voiding scholarship eligibility.**



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**CONFIDENTIAL REQUEST FOR FEE ADJUSTMENT**

**DATE:** \_\_\_\_\_

For **WHAT** are you requesting a Fee Adjustment?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**GENERAL INFORMATION**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Marital Status:         Married,     Single Parent,     Single

Dependents:

1. Name \_\_\_\_\_ Age: \_\_\_\_\_
2. Name \_\_\_\_\_ Age: \_\_\_\_\_
3. Name \_\_\_\_\_ Age: \_\_\_\_\_
4. Name \_\_\_\_\_ Age: \_\_\_\_\_

**EMPLOYMENT**

Are you or your spouse **EMPLOYED**? Yes: \_\_\_ No: \_\_\_ (if yes, complete below)

**YOUR** place of work \_\_\_\_\_

Position: \_\_\_\_\_ FT/PT \_\_\_\_\_

Phone #: \_\_\_\_\_

**SPOUSE'S** place of work \_\_\_\_\_

Position: \_\_\_\_\_ FT/PT \_\_\_\_\_

Phone #: \_\_\_\_\_

**PUBLIC ASSISTANCE**

Are you receiving **PUBLIC ASSISTANCE**? Yes: \_\_\_ No: \_\_\_ (if yes, complete below)

Case Name: \_\_\_\_\_ Case #: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Are you registered with the JOBS program? Yes: \_\_\_ No: \_\_\_

Child's Social Security #: \_\_\_\_\_

Name of JOBS Case Worker: \_\_\_\_\_

Name of Public Assistance Case Worker: \_\_\_\_\_

**WHY ARE YOU REQUESTING FEE ADJUSTMENT?**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**CONFIDENTIAL REQUEST FOR FEE ADJUSTMENT (cont.)**

**INCOME:**

Applicant's Gross Monthly Income (current)	\$ _____
Spouse's Gross Monthly Income (current)	\$ _____
Public Assistance Income (monthly)	\$ _____
Food Stamps Income (monthly)	\$ _____
Child Support, Alimony	\$ _____
Income from Other Sources (relatives, etc.,)	\$ _____
 Total Gross Monthly Income	 \$ _____
Savings: List total from all sources	\$ _____

**EXPENSES:**

Mortgage/Rent (per month)	\$ _____
Utilities (per month)	\$ _____
Tuitions (list school and amount per month)	
School _____	\$ _____
School _____	\$ _____
School _____	\$ _____
Loan/Credit Card Repayment (per month)	
Creditor _____	\$ _____
Creditor _____	\$ _____
Creditor _____	\$ _____
Other Expenses (list type and amount)	
_____	\$ _____
_____	\$ _____
_____	\$ _____

I attest that the information I have given is true to the best of my knowledge.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**ATTACH YOUR FEDERAL INCOME TAX FORM FROM PREVIOUS YEAR AND ATTACH THE APPROPRIATE REGISTRATION FORMS**