



A place where everyone belongs.

Officers

Steven Siskind
President
 Phillip D. Rubenstein
 Howard M. Weinstein, M.D.
 Debbie Goldwein
Vice Presidents
 Sara Temes
Treasurer
 Roy S. Gutterman
Secretary
 Alan E. Lipsy
Immediate Past President
 Andrea Knoller
Past President

Board Members

Shira Boschan
 Kathleen Davis
 Linda R. Drimer
 Adam DuChene
 Nan Fechtner
 MaryAnne Gillson
 Ben Gnacik
 Ann Goldstein
 Bud Greenman
 Kaye Habib
 Peter Hall
 Paula Faith King
 Michael A. Klein
 Mark Levy
 Scott D. Loeb
 Joanne Maloff
 Jessica Malzman
 Helen Marcum
 Melissa Romano McAllister
 Ilene Feldman Mendel
 Davia Moss
 Lynne Pascale
 Sarah Rose Pinsky
 Kevin I. Rosenberg, M.D.
 Susan Sloane
 Steven D. Wladis

Past Presidents

Warren Winkelstein*
 Morris Berman*
 Marshall Reisman*
 Morris B. Schwartz*
 Melvin Rudolph*
 Sidney Greenberg*
 Herman Dubnoff*
 Albert Rothman, M.D.*
 Hyman Miller*
 Benjamin Meltzer*
 Donald Klein*
 Philip Pinsky*
 Robert Miron
 Corinne Smith, Ph.D.
 Sheldon Kruth
 Michael J. Balanoff
 Helen Marcum
 Mark Field
 Lowell Seifter
 Neil Bronstein
 Marci L. Erlebacher
 Carl Crosley, M.D.
 Howard Stern
 Marci L. Erlebacher
 Andrea Knoller
 Alan E. Lipsy
 Robert Neulander, M.D.
 Alan E. Lipsy

*Deceased

FEE ADJUSTMENT POLICIES

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:
 2019 Summer Camp: May 29, 2019**

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.**



A place where everyone belongs.

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