

**JCC East Bay 2025-2026  
1414 Walnut St, Berkeley, CA 94709**

**FINANCIAL AID APPLICATION: Parent/Guardian Info**

<p><b>PARENT 1</b> or <input type="checkbox"/> Stepparent <input type="checkbox"/> Guardian <input type="checkbox"/> Partner</p> <p>Name: _____</p> <p>Street: _____</p> <p>City, State, Zip: _____</p> <p>Phone: _____</p> <p>E-mail: _____</p> <p>Employer: _____</p> <p><input type="checkbox"/> Full Time    <input type="checkbox"/> Part Time — # of hours: _____</p> <p>Job Title: _____</p>	<p><b>PARENT 2</b> or <input type="checkbox"/> Stepparent <input type="checkbox"/> Guardian <input type="checkbox"/> Partner</p> <p>Name: _____</p> <p>Street: _____</p> <p>City, State, Zip: _____</p> <p>Phone: _____</p> <p>E-mail: _____</p> <p>Employer: _____</p> <p><input type="checkbox"/> Full Time    <input type="checkbox"/> Part Time — # of hours: _____</p> <p>Job Title: _____</p>
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<p>Parents' Current Marital Status: <input type="checkbox"/> Married    <input type="checkbox"/> Separated    <input type="checkbox"/> Divorced    <input type="checkbox"/> Widowed    <input type="checkbox"/> Single (never married)</p> <p>Who claims the applicant: <input type="checkbox"/> Both    <input type="checkbox"/> Parent 1 / Parent 2 Alternate Years    <input type="checkbox"/> Parent 1    <input type="checkbox"/> Parent 2</p> <p>Tax return filing status: <input type="checkbox"/> Married    <input type="checkbox"/> Head of Household    <input type="checkbox"/> Single</p>
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List all education expenses for all members of the household (including day care, religious school, education)

MEMBER OF HOUSEHOLD	NAME OF EDUCATIONAL INSTITUTION	CURRENT GRADE LEVEL	ANNUAL TUITION	ANNUAL FINANCIAL AID ASSISTANCE	PARENT PAYS ANNUALLY
			\$	\$(    )	\$
			\$	\$(    )	\$
			\$	\$(    )	\$
		<b>TOTAL:</b>	\$	\$(    )	\$

**JCC FINANCIAL AID APPLICATION: Financial Information**

Please fill in the information requested below (put "0" if the category does not apply):

2025 Estimated YEARLY Income	Amount	Average MONTHLY Estimated Expenses	Amount
Yearly gross wages or commissions		Monthly rent or mortgage	
Unemployment		Alimony	
Gross Vaniness income (Self-employed)		Child Support	
Child support or alimony received		Other Expenses: Medical, Educational, Transpo, Credit Card, Insurance, etc.	
Other income: Investments, Unemployment, Social Security, etc.		Additional Expenses	
<b>TOTAL YEARLY INCOME</b>	\$	<b>TOTAL MONTHLY EXPENSES:</b>	\$

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1. **Bank Accounts** (as of 12/31/24): **Checking:** \$ \_\_\_\_\_ **Savings & CD:** \$ \_\_\_\_\_

2. **Investments** (net value as of 12/31/24 of stocks, bonds, mutual funds, trusts etc.): \$ \_\_\_\_\_

3. **Consumer Debt:** Please list outstanding (long-term) debt balances (other than automobile). Please list out these amounts in section A-C below:

A. **Loans** \$ \_\_\_\_\_ B. **Equity/Credit line (not included in mortgage)** \$ \_\_\_\_\_ C. **Credit card** \$ \_\_\_\_\_

*I certify that all information provided in this request is true, correct, and complete. I authorize the Jewish Community Center of the East Bay to make whatever inquiries are deemed necessary.*

**Parent 1/Guardian signature:** \_\_\_\_\_ **SS#:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent 2/Guardian signature:** \_\_\_\_\_ **SS#:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**JCC FINANCIAL AID APPLICATION: Questionnaire Regarding Need**

**Did you incur expenses for any of the following life-cycle events in the previous year?**

- Elder-care Expense \$ \_\_\_\_\_
- Health Care \$ \_\_\_\_\_
- Funeral \$ \_\_\_\_\_

**Did you experience a decrease in your household income last year? Do you anticipate a decrease this year?**  
**PLEASE CHECK:**

- A parent's marital status changed
- Social security ceases for (name) \_\_\_\_\_ and date \_\_\_\_\_
- Workers comp ceases (date) \_\_\_\_\_ for unemployed parent
- Medical reason for  parent  child
- Parent/guardian expects to be unemployed in the next six month
- Parent/guardian suffered a job loss in the last six months
- Parent/guardian unemployed now, but starts job on (date) \_\_\_\_\_
- Parent/guardian is going to retire
- Parent guardian has taken a pay decrease: and/or had their hours reduced
- The family experienced financial losses this year due to a natural disaster
- A parent/guardian has been called up for military service
- A parent/guardian declared bankruptcy
- Death of a spouse
- Family size has increased

**Do you anticipate an increase in your income this year?**

- Child will graduate from college
- Will no longer take a child as a deduction
- One-time inheritance
- One-time sale of property

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Please provide a narrative describing your financial need. Applications must have a narrative.

(Examples of family events: sick relatives, elder care, divorce, wedding, funeral, illness, etc.)

**JCC FINANCIAL AID APPLICATION: Children Info**

<b>Child 1 name:</b>	Age:	<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Non-binary
Birth date:		
<b>Child 2 name (optional):</b>	Age:	<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Non-binary
Birth date:		
<b>Child 3 name (optional):</b>	Age:	<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Non-binary
Birth date:		

**Information on cost and funding sources - please include all programs in tuition, listed separately:**

1. Tuition preschool: \$XXXX

2. Tuition afterschool: \$XXXX

**2. What cost will you cover? (The scholarship committee expects families to contribute to tuition and fees.)**

a. Record what your family can contribute towards tuition for preschool \$

b. Record what your family can contribute towards tuition for afterschool \$

<b>3. TOTAL SCHOLARSHIP REQUESTED (subtract Line 2a from Line 1)</b>	<b>\$</b>
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Please make sure to attach the first two pages of your most recent 1040 or some form of income verification. Please redact any social security numbers.

**\*\* ONLY FULLY COMPLETED SCHOLARSHIP APPLICATIONS WILL BE ACCEPTED. \*\***