

JCC East Bay 2026-2027
1414 Walnut St, Berkeley, CA 94709

FINANCIAL AID APPLICATION: Parent/Guardian Info

| | |
|---|---|
| PARENT 1 or <input type="checkbox"/> Stepparent <input type="checkbox"/> Guardian <input type="checkbox"/> Partner | PARENT 2 or <input type="checkbox"/> Stepparent <input type="checkbox"/> Guardian <input type="checkbox"/> Partner |
| Name: <hr/> | Name: <hr/> |
| Street: <hr/> | Street: <hr/> |
| City, State, Zip: <hr/> | City, State, Zip: <hr/> |
| Phone: <hr/> | Phone: <hr/> |
| E-mail: <hr/> | E-mail: <hr/> |
| Employer: <hr/> | Employer: <hr/> |
| <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time — # of hours: <hr/> | <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time — # of hours: <hr/> |
| Job Title: <hr/> | Job Title: <hr/> |

Parents' Current Marital Status: Married Separated Divorced Widowed Single (never married)

Who claims the applicant: Both Parent 1 / Parent 2 Alternate Years Parent 1 Parent 2

Tax return filing status: Married Head of Household Single

List all education expenses for all members of the household (including day care, religious school, education)

| MEMBER OF HOUSEHOLD | NAME OF EDUCATIONAL INSTITUTION | CURREN T GRADE LEVEL | ANNUAL TUITION | ANNUAL FINANCIAL AID ASSISTANCE | PARENT PAYS ANNUALLY |
|------------------------|------------------------------------|----------------------------|-------------------|--|-------------------------|
| | | | \$ | \$() | \$ |
| | | | \$ | \$() | \$ |
| | | | \$ | \$() | \$ |
| | | TOTAL: | \$ | \$() | \$ |

JCC FINANCIAL AID APPLICATION: Financial Information

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

| 2026 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 | |
| TOTAL YEARLY INCOME | \$ | TOTAL MONTHLY EXPENSES: | \$ |

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1. **Bank Accounts** (as of 12/31/25): Checking: \$ ____ Savings & CD: \$ ____

2. **Investments** (net value as of 12/31/25 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

| | | | |
|---------------------------------|--|------|--|
| Child 1 name: | | Age: | <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Non-binary |
| Birth date: | | | |
| Child 2 name (optional): | | Age: | <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Non-binary |
| Birth date: | | | |
| Child 3 name (optional): | | 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: \$ _____ 2. Tuition afterschool: \$ _____

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 \$ _____

3. TOTAL SCHOLARSHIP REQUESTED (subtract Line 2a from Line 1) \$ _____

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. ****