

Minnesota JCC

Youth/ECC/Teens Programs - Scholarship Application

2024-2025



INSTRUCTIONS

Please complete both sides of this form and be sure to sign and date in order to be considered for Scholarship.

Please complete and submit as soon as possible.

- Scholarship applications for summer camps are due no later than March 31.
- Scholarship applications for ECC are accepted on a rolling basis.

GENERAL INFORMATION

Adults living in the household...

Adult 1 (Applicant)
Name:
Email:
Best Phone:

Adult 2
Name:
Email:
Best Phone:

Status: ☐ Single ☐ Married ☐ Separated ☐ Divorced ☐ Widowed ☐ Partner

Children living in the household...

Child 1
Name:
Birthdate:
Relationship to Applicant:

Child 2
Name:
Birthdate:
Relationship to Applicant:

Child 3
Name:
Birthdate:
Relationship to Applicant:

Child 4
Name:
Birthdate:
Relationship to Applicant:

INCOME/ASSETS (Total for all adults in the household)

Gross Annual Salary	\$
Savings Accounts	\$
Checking Accounts	\$
Non-Retirement Investment Accounts	\$
Other:	\$
Current Total	\$

All family's circumstances are different. Please explain why you are requesting scholarship, including any extraordinary or special circumstances. Be specific as to expense and anticipated duration of circumstances. This information is private and will not be shared beyond our scholarship/financial aid committee. If you need additional space, please attach a separate document.

Minnesota JCC

Youth/ECC/Teen Programs - Scholarship Application

2024-2025



ENROLLMENT

Enrolled Programs (Check all that apply):

- ☐ Camp Butwin ☐ Camp Olami
☐ ECC – Capp ☐ ECC – Sabes ☐ BBYO ☐ Other

Name of the specific program(s) (Ex: Keshet, BBYO International Convention...) _____

Total Fees (Do not include Camp Extended Care or Partner Camps) \$ _____

Anticipated Family Contribution (Total amount you can pay) \$ _____

Requested Fee Adjustment (Total minus Family Contribution) \$ _____

Please indicate amount of scholarship or aid you are receiving from other agencies*:

Agency	Amount
	\$
	\$
	\$
	\$

Please indicate any scholarship or discount you're receiving from other JCC Programs

Program	Amount
	\$
	\$
	\$
	\$

*If you are eligible for scholarship(s) from your local Jewish Federation, you must also apply with them. Contact your local Federation to determine eligibility.

SUBMISSION

I hereby state that the information shown on this form is accurate. I understand that should any information change regarding my financial circumstances, I will contact the JCC staff member listed below. If I receive a fee adjustment, I agree to pay the remaining balance due. Remaining balances will be paid via credit card or deducted from my checking account via Electronic Funds Transfer. Balances will be paid in full by the program payment deadline(s). I understand that fee adjustments are not automatically renewable and must be reviewed annually.

Applicant Signature _____

Date _____

For JCC Camps or Youth/Teen Programming, please return application to:

Minnesota JCC – Attn: Ben Savin, 4330 S. Cedar Lake Road, Minneapolis, MN 55416 OR bens@minnesotajcc.org

For ECC – Capp Center, please return application to:

Minnesota JCC – Attn: Alexia Garrett, 1375 St. Paul Avenue, St. Paul, MN 55116 OR alexia@minnesotajcc.org

For ECC – Sabes Center, please return application to:

Minnesota JCC – Attn: Becca Swiler, 4330 S. Cedar Lake Road, Minneapolis, MN 55416 OR beccas@minnesotajcc.org