

# Minnesota JCC Teen Programs Scholarship Application



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

Please complete and submit as soon as possible.

## GENERAL INFORMATION

Adults living in the household...

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

Adult 2
Name:
Email:
Best Phone:

Number of children living in the household: \_\_\_\_\_

Children participating in program...

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:

All families' circumstances are different. If you feel necessary, please explain why you are requesting scholarship, including any extraordinary 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.

## ENROLLMENT

Enrolled Programs (Check all that apply):

BBYO       JCC Maccabi Games       Other

Name of the specific program(s)

(Ex: BBYO Spring Regional Convention, BBYO Ultimate Central Europe Israel, JCC Maccabi Games, etc.)

Program Dates:

Total Program Cost \$ \_\_\_\_\_

Total Transportation Cost (if separate) \$ \_\_\_\_\_

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

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

# Minnesota JCC Teen Programs Scholarship Application



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 and BBYO International, you must also apply with them. Contact both BBYO International and 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 Programming, please return application to:

Minnesota JCC – Attn: Ben Savin  
4330 S. Cedar Lake Road  
Minneapolis, MN 55416

Or [bens@minnesotajcc.org](mailto:bens@minnesotajcc.org)