

JEWISH EXPERIENCE FUND SUBSIDY REQUEST FORM

Objectives:

- The Jewish Experience Fund enables Jewish children to enhance and enrich their Jewish identity through informal peer-to-peer experiences.
 - To create positive and lasting Jewish influences in the lives of Charlotte's Jewish youth.
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SUBSIDY CRITERIA

Families applying for a Jewish Experience Fund subsidy must meet at least one (1) of the following criteria to be eligible for a subsidy. Verifiable financial documentation **must** be included with application.

- Household gross income not to exceed \$75,000
- Change in household circumstances within the last 6-months necessitating financial assistance (ie: medical hardship, job loss, change in family status, etc.)
- Multiple children attending camps and/or Jewish programs
- Extenuating chronic family circumstances (i.e.: special needs children, disability, etc.)

GUIDELINES FOR COMPLETING APPLICATION

Everyone requesting a Jewish Experience Fund subsidy must complete the attached application and comply with all policies and requirements.

1. In order to receive a subsidy from the Jewish Experience Fund, the attached form must be completed in its entirety.
2. Please print clearly in ink, or type.
3. **Verifiable financial documentation is *required* with submission of completed application.**
4. **Documentation must be provided that funds from alternate sources have been applied for or requested (e.g., Temple, camp, etc.).**
5. Completed applications should be returned to Jewish Family Services, Attention: Lynda Woodburn. A telephone interview may be requested to verify or secure additional information.
6. The Jewish Federation of Greater Charlotte prefers to mail payment directly to the organization. If reimbursement of prepaid expenses is required, receipt(s) must be provided with the application.



JFGC mission statement: To raise and distribute funds to support and enrich the lives of Jews locally, nationally, in Israel and worldwide. Through education, planning and community building, the Federation's mission ensures that Jewish values, goals, traditions, and connections are preserved for current and future generations.

JEWISH EXPERIENCE FUND SUBSIDY REQUEST FORM

Date: _____ Temple Affiliation: _____

Participant's Name: _____ Date of Birth _____

Parent(s) Name: _____

Address: _____
(Street) _____ Email: _____
(City, State, Zip Code)

Phone: _____ (home) _____ (work) _____ (cell)

Name of Program: _____

Brief explanation of program (please attach flyer or brochure):

Cost of Program (please attach invoice, flyer or brochure showing cost): _____

Financial Assistance has already been requested/received from the following sources (include amount and attach completed application):

SOURCE	AMOUNT REQUESTED	AMOUNT RECEIVED	APP. ATTACH
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>

Please advise criteria for subsidy, as outlined on cover page, and describe family circumstances. (Please attach verifiable supporting documentation)

The Jewish Federation of Greater Charlotte prefers to mail payment directly to the organization. If reimbursement of prepaid expenses is required, receipt(s) must be provided with the application.

Make check payable to:

Name of person or organization: _____

Attention: _____

Address: _____
(Street) _____ (City, State, Zip Code)

Parent(s) Signature: _____ Date: _____

Office use only:

Approved by: _____ Date submitted to JFGC: _____
Check issued by: _____ Date check mailed: _____ Amount: \$ _____

JEWISH EXPERIENCE FUND SUBSIDY REQUEST FORM

The following documentation must be included in order for your application to be processed:

1. Completed Subsidy Request Form with required attachments.
2. Completed Financial Assistance Application, including completed Monthly Income and Expense detail with necessary supporting documentation (see form).
3. The previous three (3) months showing detailed bank statements from all banks and all credit card statements. (Balances are not acceptable).
4. **Copy of your most current tax return (cannot be older than one year)**. If employment circumstances have changed from that reported on tax returns please provide a detailed explanation.
5. Paystubs from all employers for the last 60 days and/or proof of any other income sources (for each wage earner).
6. Copies of information regarding any hardships (i.e. outstanding medical bills, extensive credit card bills, bankruptcy papers, etc).



Jewish Family
SERVICES
the heart of our community

Request for Financial Assistance

Revised 2/13/2012



Client Name: _____ **Client History #:** _____

The following documentation must be included in order for your application to be processed:

- _____ Completed Request for Financial Assistance Form, including completed Financial Assistance Application detailing monthly income and expense with necessary supporting documentation (see attached).
- _____ Detailed bank statements from all banks for the previous three (3) months. (Balances are not acceptable)
- _____ Detailed credit card statements from all accounts for prior three (3) months. (Balances are not acceptable)
- _____ Copy of your most current tax return (cannot be older than one year).
If employment circumstances have changed from that reported on tax returns, please provide a detailed explanation.
- _____ Copies of information regarding any hardships (i.e. outstanding medical bills, extensive credit card bills, bankruptcy papers, etc.).
- _____ Copies of paystubs and/or any other proof of income for past two (2) months.

Please note that JFS will not be making copies of the above documents provided. Please make sure to bring copies for JFS to keep.

Signature of JFS Client or Guardian

Date _____/_____/_____

Signature of JFS Staff

Date _____/_____/_____



Client Name: _____ Client History # _____ Client DOB: _____

Affiliation with Jewish Agency (LJCC, Temple, Preschool, etc.): _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: (H) _____ (W) _____ (C) _____

E Mail: _____ Preferred Method of Contact: _____

Request for: Tzedakah: Reduced Fee:

Provide Information on All People Who Live in the Household (including children):

Name	DOB	Relationship	Occupation	Social Security Number
		SELF		

List All Custodial Parents/Legal Guardians Who Resides Outside The Household:

Name	DOB	Relationship



Employment Information (complete for all people in the household). Please provide copies of paycheck stubs for the last 60 days and last year's Tax Return and W-2 for each person listed below.

Name of Person Working	Employer's Name and Phone Number	Amount Earned Before Deductions (Gross Income)	Tips Earned	How Often Paid (monthly, weekly, etc.)
Total Wages				

If there is any employment history or other circumstance that you would like to be taken into consideration, please explain below:



List All Other Sources of Income and Provide Substantiating Documentation:

Type	Name of Person Who Receives Other Income	Amount Received	How Often Received (monthly, weekly, etc)
SSI			
Social Security (Old Age/Disabled/Survivor)			
TANF			
Food Stamps			
Child Support			
Unemployment			
Family Assistance			
Trusts			
Dividend/Interest Income			
Alimony			
Savings/IRA			
Real Estate			
Other (list)			
Other (list)			
Total			



List All Monthly Expenses and Provide Supporting Documentation for the Past 30 Days for the Expenses Denoted with an “*”.

Item	Name of Company	Amount Paid	How Often Paid
Rent/Mortgage *			
Electric			
Gas			
Water			
Groceries			
Dining Out			
Child Care/After School Care			
Child Support Paid			
Telephone (wireless)			
Telephone (home phone)			
Internet			
Cable			
Car Payment			
Bus Fare/Gas, etc.			
Car Insurance			
Car Maintenance Costs			
Medical/Health/Dental Insurance*			
Prescription Costs *			



Monthly Expenses – Continued

Item	Name of Company	Amount Paid	How Often Paid
Other Medical Hardships *			
Special Needs Services/Therapies (OT, PT, Speech, Other)			
Home Owner's/Renters Insurance			
Home Owners Association Dues			
Life Insurance *			
Other Insurance			
Entertainment			
School Expenses (tuition, supplies)			
Membership (JCC, Temple, etc.)			
Clothing			
Laundry			
Pet Expenses			
Student Loans*			
Credit Card *			
Bank Loans*			
Other Loans*			
Other (personal hygiene, diapers, cleaning supplies, repairs, paper products, haircuts, cigarettes)			
Total Monthly Expenses			



Has a parent or child in the home lost a job in the past three months? ___ Yes ___ No

If yes, please complete the following:

Name of Person(s) Who Lost Job	Date Job Lost	Former Employer's Name	Former Employer's Address & Phone Number	Severance Amount and Term

Do you currently or have you previously received any financial assistance from other Jewish Agencies?

Name of Institution (e.g., JCC, CJP, JPS, CJDS)	Amount of Financial Assistance	Frequency of Assistance (monthly, annually, etc.)	Dates Received

Total Income: \$ _____

Total Expenses: \$ _____

Surplus (Deficit): \$ _____

Fee Agreement Amount: \$ _____ **Valid from:** _____ **to:** _____

_____ Date ____/____/____
Signature of JFS Client or Guardian

_____ Date ____/____/____
Signature of JFS Staff Member

Printed Name of JFS Staff Member: _____