



Mittleman
Jewish Community Center
6651 SW Capitol Hwy.
Portland, OR 97219

MJCC DAY CAMP FINANCIAL AID APPLICATION

Dear MJCC Day Camp Family,

We are pleased that you have chosen MJCC Day Camp for your child(ren). Upon receipt of this and the other registration forms, we will reserve a spot for your child(ren) in the program(s) you requested.

There are a limited number of scholarships available. Financial aid is determined on the basis of need, timely submission of this application and registration forms, and payment of the deposit. To be considered for financial assistance for the summer of 2019, please complete all of the attached application and attach a copy of your signed and filed current IRS 1040 income tax return or foreign income tax return. Also, please note on the application any significant changes in income or resources from the previous tax year to the present. All information is held in strict confidentiality.

- Parents/Guardians who are divorced or separated are required to have both parents and step-parents submit financial information (use separate application forms). The only exception is if there is a court order mandating that one parent/guardian provides all support for the child. In that case, please attach a copy of the court order. Again, this policy is instituted to make the financial aid process fair and complete and to ensure an accurate picture of a family's total finances.
- No application will be considered unless all past due balances are made current.
- Parent(s) or responsible guardian(s) must sign this form at the end of the application. Your signature certifies that all recorded information is correct.
- Determination of aid is solely the responsibility of the Financial Aid Committee. All submitted information and all financial aid decisions will be kept in strict confidentiality.

Please return your completed financial aid packet as soon as possible to MJCC Day Camp Office, at 6651 SW Capitol Hwy., Portland, OR 97219. We will inform you of the Financial Aid Committee's decision within 30 days of receipt of your packet. Please do not hesitate to contact the camp office at 503.452.3436 or daycamp@oregonjcc.org if you have any questions.

Sincerely,

MJCC Day Camp

PARENT/GUARDIAN CONFIDENTIAL STATEMENT

Parent/ Guardian 1 name: _____
 Home Phone: _____ Cell Phone: _____ Work Phone: _____

Parent/ Guardian 2 name: _____
 Home Phone: _____ Cell Phone: _____ Work Phone: _____

Names of all children in your family	Financial Aid Application (Y/N)	Grade in 2019-20	Estimated aid amount from other sources	Aid amount in 2018	Aid amount requested for 2019

INCOME AND EXPENSES

1. **Please attach a copy of your current income tax return(s).** If the camper's parents/guardians file separately or are separated or divorced, please forward returns of both parents and step-parents (each can be under separate cover). If a tax form was not filed, your sources of income must be recorded (see #7).

2. Principal wage earner's occupation _____
 Yearly salary or income \$ _____ Employer _____

Occupation of other parent/guardian _____
 Yearly salary or income \$ _____ Employer _____

Occupation of step-parent and/or non-custodial parent _____
 Yearly salary or income \$ _____ Employer _____

3. Do you own your home? Yes _____ No _____

Fair market value:

Per property tax assessment \$ _____
 Per your estimate \$ _____

Monthly mortgage payment - principal and interest \$ _____
 Property taxes \$ _____
 Insurance \$ _____
 Unpaid principal mortgage balance \$ _____
 If your residence is not owned, record your rent \$ _____

4. Do you own other property? Yes _____ No _____

Fair market value less mortgages \$ _____
Location _____

Monthly mortgage payment - principal and interest \$ _____
Insurance \$ _____
Property taxes \$ _____
Unpaid principal mortgage balance \$ _____

5. Do you own or partially own any business? Yes _____ No _____

If yes, please complete the following:

a. Total capital value of your ownership/partial ownership interest in the business: \$ _____

b. Your share of the last full year earnings of the business \$ _____

6. Please list value of holdings in other investments.

a. Savings accounts \$ _____

b. Money market funds \$ _____

c. Other investments (to include, but not limited to trust funds, CDs, stocks, bonds, etc.) \$ _____

d. Cash value of life insurance \$ _____

e. Current value of pensions (including IRAs, 401Ks, employer sponsored pensions, etc.) \$ _____

f. Trusts of which you or your children are the beneficiary \$ _____

7. Untaxed or other income for the calendar year.

a. Child support (for all children) \$ _____

b. Alimony payments received or household expenses paid by the separated or divorced spouse in lieu of alimony \$ _____

c. Social Security benefits \$ _____

d. Aid to Families with Dependent Children or ADC, record total for the year \$ _____

e. Food stamps, yearly total \$ _____

f. Other \$ _____

8. Have you incurred significant debt because of serious illness, disability, or accident?

Yes ___ No _____ *If yes, please explain.*

9. Are there any unusual family circumstances that should be considered by in awarding financial assistance?

Yes ___ No _____ *If yes, please explain.*

I certify that the information recorded on this financial aid application is true.

Parent/ Guardian 1 Signature: _____ Date: _____

Parent/ Guardian 2 Signature: _____ Date: _____