



## ***Jewish Federation of Omaha 2019 Application for Financial Aid / Scholarship***

The Jewish Federation of Omaha is charged with administering the allocation and distribution of scholarship and financial assistance funds entrusted to the community for the benefit of Omaha's Jewish community. This duty includes the guarantee of confidentiality to the applicants and their families in conjunction with the diligent stewardship of community funds. On an annual basis, the community allocates dollars for financial aid and scholarship. Award decisions are based on the financial need of applicants, the number of requests, and the amount of funds available. All financial aid and scholarship awards require an **annual application**. **THE CURRENT YEAR APPLICATION MUST BE USED.**

To apply for financial assistance, reduced Jewish Community Center membership fees, or scholarships, please complete the attached application. Along with the application please use the checklist on page 2 to ensure you have attached all required documentation. ***Any missing information will delay the application process and the ability to make a decision on your behalf.*** Your completed application and all documentation is then to be placed in a secure envelope.

### ***Applications for reduced JCC membership and/or JFS assistance:***

Applications for reduced Jewish Community Center membership fees and/or Jewish Family Service assistance should be submitted to Linda Cogen c/o Jewish Family Service and can be submitted at any time throughout the year. Applications for reduced JCC membership fees for current JCC members should be submitted by January 1, 2019. Information is reviewed by the Financial Assistance Council and assistance will be determined within two weeks of receipt of complete information. You will receive notification in the mail of an award or denial. If you have any questions regarding this application and reduced JCC membership or JFS assistance, please contact Linda Cogen at (402)334-6493 or [lcogen@jfsomaha.com](mailto:lcogen@jfsomaha.com).

### ***Applications for Israel programs, Jewish residential summer camp, JCC summer camp, Friedel Jewish Academy and/or the Child Development Center:***

Applications for Israel programs, Jewish residential summer camp, JCC summer camp, Friedel Jewish Academy, and/or the Child Development Center should be submitted to Diane Walker c/o the Jewish Federation of Omaha. These applications are due ***Friday, March 1, 2019*** to be considered for awards for programs in the summer of 2019 and the academic year 2019-2020. Applications are reviewed by the Financial Aid Committee with a determination made by April 1, 2019. You will receive notification in the mail of an award or denial. If you have any questions regarding this application and scholarships for Israel programs, Jewish residential summer camp, JCC summer camp, Friedel Jewish Academy, and / or the Child Development Center, please contact Diane Walker at (402)334-6407 or [dwalker@jewishomaha.org](mailto:dwalker@jewishomaha.org).

Funding for financial aid and scholarships is provided through the Annual Campaign of the Jewish Federation of Omaha, endowment funds of the Jewish Federation of Omaha Foundation and other grant entities.

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### ***Document Checklist***

For your application to be considered and reviewed in a timely manner,  
**ALL** of the following information must be submitted **WITH** the application.

Completed, by section, for the program to which you are applying. Mark appropriate sections below.

- JCC Membership
  - JFS Financial Assistance
  - Israel Program
  - Jewish Residential Summer Camp
  - JCC Summer Day Camp
  - Friedel Jewish Academy
  - Child Development Center
- 
- A copy of your most recent Federal Tax Return, Form 1040.
  - Two most recent paystubs for each adult/parent listed on the application.
  - A copy of your most recent quarterly statement from any other source of income, including but not limited to 529 Plan, IRA, Social Security, mutual fund, etc.
  - Most recent billing statement of each expense listed on pages 5 and 6 (i.e., MUD, OPPD, insurance, cable, phone, car payments, mortgage/rent, credit card statement(s), etc.)
  - Documentation from other sources of financial aid (i.e., synagogue, family, etc.).
  - Your signature on page 3.
  - Explanation as to why financial aid/scholarship is being requested.
  - Requested amount of financial aid/scholarship.

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**New Application**     **Renewal Application**

**Applicant/Legal Guardian Information**

|  |  |        |  |                       |            |  |  |  |            |     |  |
|--|--|--------|--|-----------------------|------------|--|--|--|------------|-----|--|
| NAME   |  |        |  |                       | EMAIL      |  |  |  |            |     |  |
| ADDRESS  |  |        |  |                       | CITY       |  |  | STATE  |            | ZIP |  |
| HOME PHONE   |  |        |  |                       | CELL PHONE |  |  |  | WORK PHONE |     |  |
| AGE  |  | GENDER |  | DATE OF BIRTH         |            |  |  | <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced<br><input type="checkbox"/> Widowed |            |     |  |
| <input type="checkbox"/> Yes, I am Jewish <input type="checkbox"/> No, I am not Jewish |  |        |  | Synagogue Affiliation |            |  |  |  |            |     |  |

**Spouse Information**

|  |  |        |  |                       |            |  |  |  |            |     |       |
|--|--|--------|--|-----------------------|------------|--|--|--|------------|-----|-------|
| NAME   |  |        |  |                       | EMAIL      |  |  |  |            |     |       |
| ADDRESS  |  |        |  |                       | CITY       |  |  | STATE  |            | ZIP | 68152 |
| HOME PHONE   |  |        |  |                       | CELL PHONE |  |  |  | WORK PHONE |     |       |
| AGE  |  | GENDER |  | DATE OF BIRTH         |            |  |  | <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced<br><input type="checkbox"/> Widowed |            |     |       |
| <input type="checkbox"/> Yes, I am Jewish <input type="checkbox"/> No, I am not Jewish |  |        |  | Synagogue Affiliation |            |  |  |  |            |     |       |

**Children**

|      |  |  |  |  |     |  |  |  |  |
|------|--|--|--|--|-----|--|--|--|--|
| NAME |  |  |  |  | DOB |  |  |  |  |
| NAME |  |  |  |  | DOB |  |  |  |  |
| NAME |  |  |  |  | DOB |  |  |  |  |
| NAME |  |  |  |  | DOB |  |  |  |  |

I attest that the foregoing information is true and correct. I understand that knowingly providing false information will deem me ineligible to receive assistance from The Jewish Federation of Omaha and its agencies.

\_\_\_\_\_

APPLICANT SIGNATURE

\_\_\_\_\_

DATE

\_\_\_\_\_

SPOUSE SIGNATURE

\_\_\_\_\_

DATE

Last Name \_\_\_\_\_

**INCOME INFORMATION**

**Are you employed?**     Yes     No     Part-time     Full-time

|                  |  |  |                               |    |
|------------------|--|--|-------------------------------|----|
| NAME OF EMPLOYER |  |  |                               |    |
|                  |  |  | <b>Wages Earned (Monthly)</b> | \$ |

**Is your spouse employed?**     Yes     No     Part-time     Full-time

|                  |  |  |                               |    |
|------------------|--|--|-------------------------------|----|
| NAME OF EMPLOYER |  |  |                               |    |
|                  |  |  | <b>Wages Earned (Monthly)</b> | \$ |

**Do you receive any of the following sources of income?** *State monthly amount received.*

|   |    |                                   |    |
|---|----|-----------------------------------|----|
| Social Security   | \$ | Child Support                     | \$ |
| SSI   | \$ | Alimony                           | \$ |
| State Assistance: SNAP, Title XX, Section 8, Medicaid, etc.   | \$ | Business Income *                 | \$ |
| Unemployment  | \$ | Capital Gains *                   | \$ |
| Checking/Savings  | \$ | Real Estate *                     | \$ |
| Veteran Benefits  | \$ | Assistance from relatives/friends | \$ |
| Stocks/Mutual Funds/Bonds   | \$ | Other *                           | \$ |
| <i>* If income is listed from business, capital gains, real estate or other, provide description and additional details in box below.</i> |    |                                   |    |

|                             |    |
|-----------------------------|----|
| <b>Total Monthly Income</b> | \$ |
| <b>Total Yearly Income</b>  | \$ |

|  |    |
|--|----|
| <b>ADJUSTED GROSS INCOME</b> <i>(as listed on your Federal Tax Return)</i> | \$ |
|--|----|

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**EXPENSE INFORMATION**

**Household Expense** (list monthly expenses)

|   |    |       |    |                 |    |
|---|----|-------|----|-----------------|----|
| Mortgage/Rent                                 | \$ | Cable | \$ | Food            | \$ |
| Electric                                      | \$ | Gas   | \$ | Water/Sewer     | \$ |
| Trash   | \$ | Phone | \$ | Internet        | \$ |
| Taxes (if not included with mortgage payment) |    | \$    |    | <b>Subtotal</b> | \$ |

**Automobile** (list monthly expenses)

|                |    |                    |    |                 |    |
|----------------|----|--------------------|----|-----------------|----|
| Number of Cars |    | Models(s)          |    |                 |    |
| Loan(s)        | \$ | Maintenance/Repair | \$ | Gasoline        | \$ |
|                |    |                    |    | <b>Subtotal</b> | \$ |

**Insurance** (list monthly expenses)

|  |    |      |    |                 |    |
|--|----|------|----|-----------------|----|
| Auto   | \$ | Life | \$ | Health          | \$ |
| Homeowners/renters (if not included in mortgage payment) |    | \$   |    | <b>Subtotal</b> | \$ |

**Health** (list monthly expenses)

|            |    |         |    |                 |    |
|------------|----|---------|----|-----------------|----|
| Doctor     | \$ | Dentist | \$ | Vision          | \$ |
| Medication | \$ |         |    | <b>Subtotal</b> | \$ |

**Dues** (list monthly expenses)

|                  |    |                |    |                 |    |
|------------------|----|----------------|----|-----------------|----|
| Synagogue/Temple | \$ | JCC Membership | \$ | Professional    | \$ |
|                  |    |                |    | <b>Subtotal</b> | \$ |

**Fixed Debt with Interest** (list monthly expenses)

|              |    |                 |    |                   |    |
|--------------|----|-----------------|----|-------------------|----|
| Credit Cards | \$ | Charge Accounts | \$ | Legal Obligations | \$ |
| Loans        | \$ | Other           | \$ | <b>Subtotal</b>   | \$ |

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**EXPENSE INFORMATION (continued)**

**Child(ren)** (*list monthly expenses*)

|           |    |                   |    |                 |    |
|-----------|----|-------------------|----|-----------------|----|
| Preschool | \$ | Private Education | \$ | Daycare         | \$ |
| College   | \$ |                   |    | <b>Subtotal</b> | \$ |

**Miscellaneous** (*list monthly expenses*)

|                  |    |            |    |                 |    |
|------------------|----|------------|----|-----------------|----|
| Cleaning Service | \$ | Vacations  | \$ | Alimony Paid    | \$ |
| Child Support    | \$ | Retirement | \$ | Savings         | \$ |
| Nursing Home     | \$ | Other      | \$ | <b>Subtotal</b> | \$ |

**Subtotal summary**

|               |    |
|---------------|----|
| Household     | \$ |
| Automobile    | \$ |
| Insurance     | \$ |
| Health        | \$ |
| Dues          | \$ |
| Fixed Debt    | \$ |
| Child(ren)    | \$ |
| Miscellaneous | \$ |

|   |           |
|---|-----------|
| <b>TOTAL MONTHLY HOUSEHOLD EXPENSES</b> | <b>\$</b> |
|---|-----------|

**If your monthly expenses exceed your monthly income, please explain how you are meeting the shortfall, i.e. assistance from relatives, credit card debt, etc.**

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***Please explain in detail the financial circumstances that you feel should be considered as your request is reviewed.*** You may include, but are not limited to, detailing the following: parents and/or siblings attending college; support of family member(s) outside of the immediate family; excessive educational debt; excessive medical debt; serious medical issues affecting the family; significant loss of income in the past year; single parent with little or no income from absent parent, etc. ***Providing the most complete information will enable the timeliest consideration of your application.***

*Attach additional page if necessary.*

Briefly describe your household's involvement in the Jewish community.

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**Please complete the section(s) for which you are requesting financial aid or scholarship.**

**Jewish Community Center Membership**

- Young Adult (age 13-30)
- Individual (age 31-69)
- Couple (2 adults living at the same residence)
- Family (2 adults and dependent children under age 25 at the same residence)
- Single Parent Family (Unmarried parent with dependent children under age 25 at the same residence)
- Senior Individual (age 70 and over)
- Senior Couple (2 spouses with one or both at age 70 or over)

|                                      |    |
|--------------------------------------|----|
| Total amount of assistance requested | \$ |
|--------------------------------------|----|

**Jewish Family Service Financial Assistance**

Please list, in detail, any sources of financial assistance for which you have applied and indicate any amount for which you have been approved or have pending.

|  |  |
|--|--|
|  |  |
|--|--|

|                                |    |
|--------------------------------|----|
| Amount of assistance requested | \$ |
|--------------------------------|----|

**Israel Programs**

|   |  |                        |  |
|---|--|------------------------|--|
| Participant Last Name                       |  | Participant First Name |  |
| Name of Program and Sponsoring Organization |  |                        |  |
| Program Mailing Address for Payments        |  |                        |  |
| Program Website                             |  | Session Dates          |  |

Please list, in detail, any sources of financial assistance for which you have applied and indicate any amount for which you have been approved or have pending for this program.

|  |  |
|--|--|
|  |  |
|--|--|

|   |    |
|---|----|
| Cost of program, including domestic airfare if additional | \$ |
|---|----|

|                               |    |
|-------------------------------|----|
| Amount of scholarship request | \$ |
|-------------------------------|----|



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**☐ Jewish Summer Residential Camp**

|   |  |                        |    |
|---|--|------------------------|----|
| Child #1<br>Last Name   |  | Child #1<br>First Name |    |
| Name of Camp and Location   |  | Camp cost              | \$ |
| Mailing Address for Payments  |  |                        |    |
| Camp Website  |  | Session Dates          |    |
| Child #2<br>Last Name   |  | Child #2<br>First Name |    |
| Name of Camp and Location   |  | Camp cost              | \$ |
| Mailing Address for Payments  |  |                        |    |
| Camp Website  |  | Session Dates          |    |
| Child #3<br>Last Name   |  | Child #3<br>First Name |    |
| Name of Camp and Location   |  | Camp cost              | \$ |
| Mailing Address for Payments  |  |                        |    |
| Camp Website  |  | Session Dates          |    |
| Please list, in detail, any sources of financial assistance for which you have applied and indicate any amount for which you have been approved or have pending for this program. Include all funding from your synagogue, direct camp assistance and Jewish Experience Grants. |  |                        |    |
|   |  |                        |    |
| Cost of camp tuition for all children ( <i>List cost of tuition only. Scholarships for transportation and equipment are not available.</i> )  |  |                        | \$ |
| Amount of scholarship request   |  |                        | \$ |

**☐ JCC Summer Day Camp**  
*(for children entering kindergarten and older; for younger children, see Page 11)*

|                       |                    |                        |                       |                              |  |     |  |
|-----------------------|--------------------|------------------------|-----------------------|------------------------------|--|-----|--|
| Child #1<br>Last Name |                    | Child #1<br>First Name |                       | Grade<br>in fall             |  | Age |  |
| # Fun Day<br>Sessions | Total Fun Day Cost | \$                     | # Regular<br>Sessions | Total Weekly<br>Session Cost |  | \$  |  |
| Child #2<br>Last Name |                    | Child #2<br>First Name |                       | Grade<br>in fall             |  | Age |  |
| # Fun Day<br>Sessions | Total Fun Day Cost | \$                     | # Regular<br>Sessions | Total Weekly<br>Session Cost |  | \$  |  |

***This section continued on following page***

Last Name \_\_\_\_\_

**JCC Summer Day Camp, continued**

|  |                    |                        |                       |                              |     |    |
|--|--------------------|------------------------|-----------------------|------------------------------|-----|----|
| Child #3<br>Last Name  |                    | Child #3<br>First Name |                       | Grade in fall                | Age |    |
| # Fun Day<br>Sessions  | Total Fun Day Cost | \$                     | # Regular<br>Sessions | Total Weekly<br>Session Cost |     | \$ |
| Total cost of camp tuition, including Fun Days and weekly sessions ( <i>List cost of tuition only. Scholarships for before and after care are not available.</i> ) |                    |                        |                       |                              | \$  |    |
| Amount of scholarship request  |                    |                        |                       |                              | \$  |    |

**A NOTE ABOUT CAMP SCHOLARSHIPS**  
**Scholarship awards for camp are based on the sessions indicated on this application that the child will attend. If the child is registered for fewer sessions, adjustments to the scholarship award may be made accordingly.**

**Friedel Jewish Academy**

|  |  |                        |  |                  |    |
|--|--|------------------------|--|------------------|----|
| Child #1<br>Last Name  |  | Child #1<br>First Name |  | Grade<br>in Fall |    |
| Child #2<br>Last Name  |  | Child #2<br>First Name |  | Grade<br>in Fall |    |
| Child #3<br>Last Name  |  | Child #3<br>First Name |  | Grade<br>in Fall |    |
| Please list, in detail, any sources of financial assistance for which you have applied and indicate any amount for which you have been approved or have pending for this program. This includes any synagogue subsidy. |  |                        |  |                  |    |
| Cost of tuition (\$_____ for first child plus \$_____ for each additional child)   |  |                        |  |                  | \$ |
| Deduct amount of other approved financial assistance or subsidies  |  |                        |  |                  | \$ |
| Balance of tuition   |  |                        |  |                  | \$ |
| Amount of scholarship request  |  |                        |  |                  | \$ |

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**Child Development Center**

|   |  |   |  |     |     |
|---|--|---|--|-----|-----|
| Child #1<br>Last Name   |  | Child #1<br>First Name  |  | DOB |     |
| Age Category  | <input type="checkbox"/> Infant: 6wks-18mos      | <input type="checkbox"/> Toddler: 18mo-3 yrs                            | <input type="checkbox"/> 3 yrs-5 yrs     |     |     |
| Weekly attendance   | <input type="checkbox"/> 2 days per week         | <input type="checkbox"/> 3 days per week                                | <input type="checkbox"/> 5 days per week |     |     |
| Yearly attendance   | <input type="checkbox"/> Full day, 12 mos a year | <input type="checkbox"/> Full day, 9 mos a year                         | <i>(child graduates CDC in May 2019)</i> |     |     |
|   | <input type="checkbox"/> Part day, 12 mos a year | <input type="checkbox"/> Summer camp* - Please list # of sessions _____ |  |     |     |
|   | <input type="checkbox"/> Part day, 9 mos a year  | <i>(* If child is entering kindergarten in Fall 2019 use Page 9)</i>    |  |     |     |
| Child #2<br>Last Name   |  | Child #2<br>First Name  |  | DOB |     |
| Age Category  | <input type="checkbox"/> Infant: 6wks-18mos      | <input type="checkbox"/> Toddler: 18mo-3 yrs                            | <input type="checkbox"/> 3 yrs-5 yrs     |     |     |
| Weekly attendance   | <input type="checkbox"/> 2 days per week         | <input type="checkbox"/> 3 days per week                                | <input type="checkbox"/> 5 days per week |     |     |
| Yearly attendance   | <input type="checkbox"/> Full day, 12 mos a year | <input type="checkbox"/> Full day, 9 mos a year                         | <i>(child graduates CDC in May 2019)</i> |     |     |
|   | <input type="checkbox"/> Part day, 12 mos a year | <input type="checkbox"/> Summer camp* - Please list # of sessions _____ |  |     |     |
|   | <input type="checkbox"/> Part day, 9 mos a year  | <i>(* If child is entering kindergarten in Fall 2019 use Page 9)</i>    |  |     |     |
| Child #3<br>Last Name   |  | Child #3<br>First Name  |  | DOB |     |
| Age Category  | <input type="checkbox"/> Infant: 6wks-18mos      | <input type="checkbox"/> Toddler: 18mo-3 yrs                            | <input type="checkbox"/> 3 yrs-5 yrs     |     |     |
| Weekly attendance   | <input type="checkbox"/> 2 days per week         | <input type="checkbox"/> 3 days per week                                | <input type="checkbox"/> 5 days per week |     |     |
| Yearly attendance   | <input type="checkbox"/> Full day, 12 mos a year | <input type="checkbox"/> Full day, 9 mos a year                         | <i>(child graduates CDC in May 2019)</i> |     |     |
|   | <input type="checkbox"/> Part day, 9 mos a year  | <input type="checkbox"/> Summer camp* - Please list # of sessions _____ |  |     |     |
|   | <input type="checkbox"/> Part day, 9 mos a year  | <i>(* If child is entering kindergarten in Fall 2019 use Page 9)</i>    |  |     |     |
| Please list, in detail, any sources of financial assistance for which you have applied and indicate any amount for which you have been approved or have pending for this program. |  |   |  |     |     |
|   |  |   |  |     |     |
| Total monthly Child Development Center tuition  |  |   |  | \$  | /mo |
| Amount of scholarship request   |  |   |  | \$  |     |

**A NOTE ABOUT CHILD DEVELOPMENT CENTER SCHOLARSHIPS**  
**Scholarship awards are based on the sessions indicated on this application that the child will attend. If the child is registered for fewer sessions, adjustments to the scholarship award may be made accordingly.**