



# Financial Assistance Application Form

2024

**APPLICATIONS DUE: APRIL 5<sup>TH</sup> 2024**



**Age Requirements:** Children ages 2 years old or older as of June 1, 2024

Scholarships available to Preschool families come from the OFJCC's Fund A Need, and the Jewish Preschool Scholarship Fund of the Jewish Community Endowment Fund of the Jewish Community Federation of San Francisco, the Peninsula, Marin and Sonoma Counties.

All applications and documentation will be reviewed by the OFJCC Financial Aid Committee, which will make all assistance decisions.

## **INSTRUCTIONS:**

Please ensure you have registered for all programs before applying for Financial Aid. Fill out this application and print two copies. Mail or deliver one copy to the Financial Aid office with your most recent U.S. Federal tax return and retain a copy for your records. Alternatively you can email your application to [mholtzman@paloaltojcc.org](mailto:mholtzman@paloaltojcc.org).

*Note: If your family applied for Financial Aid Assistance for the 2024-2025 school year and uploaded Tax Returns, submit only **FORM 1A***

- 1. Fill out Forms 1A thru 1D, **one per family:**  
**FORM 1A** – Child Information, **FORM 1B** – Family Information, **FORM 1C** – Financial Information, **FORM 1D** – Statement of Need
- 2. Complete one supplemental **FORM 1A per child** for each program requested.
- 3. Print 2 copies of entire packet. Keep one copy for your records and mail 2<sup>nd</sup> copy with your most recent US Federal Tax Return 1040 Form to:

**OFJCC**  
3921 Fabian Way  
Palo Alto, CA 94303  
Attn: Financial Aid Office  
or via email to [mholtzman@paloaltojcc.org](mailto:mholtzman@paloaltojcc.org)

If your family is not awarded aid and you choose to withdraw your child from a program, you will receive a 100% refund on **any deposit** paid for that program.




**2024 OFJCC Preschool Camp Financial Aid Application: CHILD INFORMATION**
**(ONE FORM PER CHILD)**

<b>Child Name:</b>			
Birth date:	Age:	<input type="checkbox"/> Female <input type="checkbox"/> Male	Member #:

**Information on cost and funding sources**

1. Has your child enrolled in OFJCC Preschool Camp programming before?  Yes  No
2. Has your family received financial aid from the OFJCC before?  Yes  No  
 If yes, for how many years have you received financial aid from the OFJCC? \_\_\_\_\_

**Enrollment Information**

 Please mark each camp this child will be participating in at OFJCC Preschool Camp Summer 2024:

**Preschool Summer Camp – M-F Half Day (9-1 PM)**

- Session A Summer 2024 – June 13<sup>th</sup> to July 5<sup>th</sup> (\$1,700)  Session A: AM Care (\$210)
- Session B Summer 2024 – July 8<sup>th</sup> to August 2<sup>nd</sup> (\$2,200)  Session B: AM Care (\$280)

**Preschool Summer Camp – M-F Full Day (9-4 PM)**

- Session A Summer 2024 – June 13<sup>th</sup> to July 5<sup>th</sup> (\$2,400)  Session A: AM Care (\$210)  Session A: PM Care (\$210)
- Session B Summer 2024 – July 8<sup>th</sup> to August 2<sup>nd</sup> (\$2,900)  Session B: AM Care (\$280)  Session B: PM Care (\$280)

**Scholarship Information**

1. TOTAL CAMP COST (from above): \$ \_\_\_\_\_
2. WHAT COST WILL YOU COVER? **The scholarship committee expects families to contribute to camp fees.**
- |  |          |
|--|----------|
| a. Record what family can contribute toward camp fees for this child | \$ _____ |
| b. Funding from grandparent or relative                              | \$ _____ |
| c. Funding from other agency grant                                   | \$ _____ |
| <b>d. Total Contribution</b> (add Lines 2a through 2c)               | \$ _____ |
3. **SCHOLARSHIP REQUESTED** (subtract Line 2d from Line 1) \$ \_\_\_\_\_

**FOR OFJCC ADMINISTRATIVE STAFF ONLY:**

Total amount of award given: \$ _____	Is this a returning scholarship recipient? YES / NO
Award % of total annual cost: \$ _____	Recorded by: _____

Parent / Guardian 1 signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent / Guardian 2 signature: \_\_\_\_\_ Date: \_\_\_\_\_



**2024 OFJCC Financial Aid Application: FAMILY INFORMATION**  
**(ONE FORM PER FAMILY)**

<b><u>PARENT 1:</u></b> <input type="checkbox"/> Mother <input type="checkbox"/> Stepmother <input type="checkbox"/> Guardian <input type="checkbox"/> Other _____	<b><u>PARENT 2:</u></b> <input type="checkbox"/> Father <input type="checkbox"/> Stepfather <input type="checkbox"/> Guardian <input type="checkbox"/> Other _____
Name:	Name:
Address:	Address:
City, County, Zip:	City, County, Zip:
Home Phone:	Home Phone:
Cell Phone:	Cell Phone:
Work Phone:	Work Phone:
E-Mail:	E-Mail:
Religious Affiliation: <input type="checkbox"/> Jewish <input type="checkbox"/> Other	Religious Affiliation: <input type="checkbox"/> Jewish <input type="checkbox"/> Other
Synagogue:	Synagogue:
Country of Birth:	Country of Birth:
US Citizen: Y <input type="checkbox"/> N <input type="checkbox"/> Arrival Year in US:	US Citizen: Y <input type="checkbox"/> N <input type="checkbox"/> Arrival Year in US:
Employer:	Employer:
Job Title:	Job Title:

Parent 1 Marital Status:  Married  Separated  Divorced  Single, never married  Widowed  Partner

Parent 2 Marital Status:  Married  Separated  Divorced  Single, never married  Widowed  Partner

Parent 1 Tax return filing status:  Joint  Head of Household  Single

Parent 2 Tax return filing status:  Joint  Head of Household  Single

Who claims the applicant for tax purposes?  Both  Parent 1/ Parent 2 Alternate years  Parent 1  Parent 2

Total exemptions claimed on latest federal tax return? Parent(s) \_\_\_\_\_ + Children \_\_\_\_\_ + Other \_\_\_\_\_ = TOTAL \_\_\_\_\_

List all, education expenses outside the OFJCC for all members of the household (including day care, private school, and college)					
MEMBER OF HOUSEHOLD	SCHOOL NAME	CURRENT GRADE	ANNUAL TUITION	ANNUAL FINANCIAL AID ASSISTANCE	PARENT PAYS ANNUALLY
			\$	\$ ( )	\$
			\$	\$ ( )	\$
			\$	\$ ( )	\$
			\$	\$ ( )	\$
		<b>TOTAL</b>	\$	\$ ( )	\$



**2024 OFJCC Financial Aid Application: FINANCIAL INFORMATION**  
**(ONE FORM PER FAMILY)**

Please complete the information below, entering "0" if the category does not apply

2022 ANNUAL INCOME	AMOUNT	AVERAGE MONTHLY EXPENSES	AMOUNT
Parent 1 Gross Wages		Rent or Mortgage (include RE taxes)	
Parent 2 Gross Wages		Household expenses, food, utilities, etc.	
Interest Income		Medical out of pocket expenses	
Dividend Income		Auto loan or lease payments	
Alimony Income		Gas, car insurance, maintenance, local transportation	
Business Income (Schedule C)		Alimony & Child Support expense	
Capital Gain (Loss) (Schedule D)		Clothing, entertainment, vacation	
Pensions, Annuities & IRA Distributions		Monthly tuition expense (include day care, private school & college) <b>Refer to schedule on Form 1A</b>	
Real Estate Income (Loss) (Schedule E, pg 1)			
Partnerships, S-Corps, Trusts & Estates		Children's extracurricular expenses (sports, lessons, tutoring, etc.)	
Unemployment, Disability, VA benefits		Insurance expense	
Social Security			
Food Stamps, other government assist			
Child Support Income			
Indirect Child Support (expenses paid by others on behalf of your child)			
<b>TOTAL ANNUAL INCOME</b>	\$	<b>TOTAL MONTHLY EXPENSES</b>	\$

1. Bank Accounts (as of 12.31.23): Checking: \$ \_\_\_\_\_ Savings: \$ \_\_\_\_\_

2. Stocks, bonds, mutual funds (Current Value as of 12.31.23): \$ \_\_\_\_\_ Trust funds held in your name or child's name \$ \_\_\_\_\_

3. Retirement plans (Current Value as of 12.31.23): \$ \_\_\_\_\_

4. Personal Residence:  Own  Rent If owner, year purchased: \_\_\_\_\_  
 Purchase Price: \$ \_\_\_\_\_ Current Mortgages: \$ \_\_\_\_\_ Current Market Value: \$ \_\_\_\_\_

**Do you own OR lease a car?**  Yes  No

Make/Model/Year	Original Cost	Current Value	Loan Balance
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$

Consumer Debt:	Balance as of 12.31.23	Monthly Payment
Credit Cards & other unsecured loans	\$ _____	\$ _____
Other debt not listed above: _____	\$ _____	\$ _____

Investment Real Estate Owned:	Date of Purchase	Purchase Price	Current Mortgages	Current Value
Address, City, State, Zip				



**2024 OFJCC Financial Aid Application: STATEMENT OF NEED****FORM 1D****(ONE FORM PER FAMILY)**

**An explanation of your family's financial circumstances is a critical part of this application for financial aid. Your application will not be considered by the Financial Aid Committee without this statement.**

*Describe any changes in family or economic circumstances over the past year that supports your request for financial aid this year. Include known events in 2024 that will impact your family (new child, bar mitzvah, etc.). If a parent has lost their job, indicate the date unemployment began, the date unemployment will end, if known, and the estimated cost of this change. If work hours were reduced, provide the estimated cost of this change. Highlight any of the following: single parent, first generation émigré, special needs family member, multiple children attending.*

Parent(s) whose information is represented in the application must sign below to indicate they have read and agreed to the following terms.

I hereby certify that all information provided in this application is true, correct and complete. I authorize the Oshman Family JCC to share this information with the scholarship committee, and no one else, for the purpose of granting a scholarship award. I further authorize the Oshman Family JCC to make additional inquiries they consider necessary to assure accuracy of the information provided.

**Parent / Guardian 1 signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent / Guardian 2 signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_