



**York Jewish
Community Center**

Elevate:

The Kathi Hammels Memorial Fund

JCC Mission Statement

The York Jewish Community Center creates opportunities for everyone, inspires relationships, builds a community of well-being, and enhances Jewish communal life.

Send completed application to jlandis@yorkjcc.org or mail to: York JCC, 2000 Hollywood Drive, York, PA 17403, Attn: Jen Landis

APPLICANT

DATE RECEIVED:

FIRST NAME:

MI:

LAST NAME:

STREET ADDRESS:

P.O. BOX / APT NO:

CITY:

STATE:

ZIP CODE:

HOME PHONE:

WORK PHONE:

EMAIL ADDRESS:

CURRENTLY A JCC MEMBER? YES NO

DATE OF APPLICATION:

OFFICE USE ONLY

NOTES

JOIN DATE:

PAYMENT: \$

PAYMENT METHOD:

INCOME:

HOUSEHOLD INFORMATION: ALL individuals residing at listed address MUST provide income documentation.
 (Ethnicity = Asian, American Indian/Alaska native, Black/African American, Hispanic/Latino, White, Other)

NAME	BIRTH DATE	RELATIONSHIP	ANNUAL GROSS INCOME
			\$
			\$
			\$
			\$
			\$

TOTAL ANNUAL INCOME	\$
----------------------------	----

MONTHLY HOUSEHOLD INCOME*	MONTHLY HOUSEHOLD EXPENSES
---------------------------	----------------------------

Gross Income Wages: Verified with one month of pay stubs	\$	Mortgage / Rent	\$
Social Security and/or Pension: Verified with SSI or SSD annual statement	\$	Car Make / Model / Year:	
Alimony and/or Child Support : Verified with Domestic Relations document or legal paperwork	\$	Extraordinary Medical	\$
Interest / Dividends	\$		
Unemployment: Verified with Unemployment Benefits	\$		
DPW Assistance (Food Stamps): verified with Compass statement	\$		
Worker's Compensation	\$		
Any other source of income	\$		
TOTAL MONTHLY INCOME	\$	X 12 MONTHS = TOTAL ANNUAL INCOME	\$

*****FAILURE TO DISCLOSE ALL FORMS OF INCOME MAY RESULT IN THE LOSS OF ANY FINANCIAL ASSISTANCE*****

SPECIAL CIRCUMSTANCES: Are there any special circumstances that need to be explained to qualify for scholarship?

I declare that all of the information contained in the form is correct and complete to the best of my knowledge. I understand that I am responsible for paying all balances by agreed upon date and reporting any increases or decreases in my or my family's income to the Financial Assistance Manager immediately.

APPLICANT SIGNATURE:

Essay questions for the applicant that the committee will review for the process of choosing the awardee of the personal training sessions.

1. What makes the JCC special to you?

2. How will working with a trainer help your health and wellness?

3. What do you feel sets you apart from the other applicants?

4. What is your primary goal, if you were to receive the sessions?

5. How would you pay it forward?