

Financial Aid Application – Adult Participants



Jewish Community Center of San Francisco

Taube Center for Jewish Life, Richard & Rhoda Goldman Center for Adult Living & Learning, Koret Center for Health, Fitness & Sport

PLEASE NOTE: Adults applying for financial assistance for JCCSF adult classes and programs must complete a new financial aid application each year. Adults who are granted financial aid awards for an adult class will receive equivalent financial assistance for other such programs in which they enroll throughout the current year.

Financial assistance does not apply to private or semi-private swim lessons.

NAME	EMAIL		
ADDRESS	CITY	STATE	ZIP
HOME PHONE	WORK PHONE	CELL	

Please complete the following information about the program for which you are requesting aid:

PROGRAM NAME

PROGRAM DATES	PROGRAM FEE
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HOW MUCH OF THE TOTAL FEE CAN YOU AFFORD TO PAY? _____

HAVE YOU PREVIOUSLY RECEIVED FINANCIAL ASSISTANCE FROM THE JCCSF? YES NO

If so, please provide name of family member receiving assistance, program name and year, and amount of assistance.

Please explain why you are applying for financial assistance.

PERSONAL INFORMATION

JCCSF MEMBERSHIP INFORMATION: CENTER MEMBER COMMUNITY MEMBER NON-MEMBER

RELIGIOUS AFFILIATION: JEWISH OTHER

HOUSEHOLD STATUS: SINGLE MARRIED OR LIVING WITH DOMESTIC PARTNER

EMPLOYER

OCCUPATION	POSITION
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FULL-TIME PART-TIME HRS./WEEK _____ ANNUAL SALARY \$ _____

SPOUSE/PARTNER'S NAME

EMPLOYER

OCCUPATION	POSITION
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FULL-TIME PART-TIME HRS./WEEK _____ ANNUAL SALARY \$ _____

(continues on reverse)

Financial Aid Application – Adult Participants (continued)



RESIDENCE

DO YOU OWN OR RENT YOUR PRIMARY RESIDENCE? RENT OWN

IF YOU RENT, MONTHLY RENT \$ _____

IF YOU OWN, MONTHLY MORTGAGE PAYMENT \$ _____

VEHICLES

Please list all family vehicles including cars, vans, trucks, motorcycles, and recreational vehicles:

1. MAKE	MODEL	YEAR
YEAR PURCHASED/LEASED	PURCHASE PRICE \$	MONTHLY PAYMENT \$

2. MAKE	MODEL	YEAR
YEAR PURCHASED/LEASED	PURCHASE PRICE \$	MONTHLY PAYMENT \$

Is there any additional information you would like the JCCSF Financial Aid Committee to know in considering your application for financial assistance?

CERTIFICATION

I declare that the information reported on this form is true, correct, and complete.

SIGNATURE DATE

The JCCSF reserves the right to request additional financial information prior to granting a financial aid award.

Return completed application to:
JCCSF Financial Aid Committee c/o Debbie Love
3200 California Street
San Francisco, CA 94118

If you have questions about this form or the application process, please contact Debbie Love at 415.292.1284 or by email at dlove@jccsf.org.