



**Addison-Penzak
Jewish Community Center
Silicon Valley**

Confidential Scholarship Application

Please provide the following proof of income: **Income Tax Return** and a recent **payroll or pension stub**. If you have no U.S. tax history, please provide a brief description of your financial history. Please print.

Head of Household _____
Street Address _____ City _____ Zip _____
How long have you lived at this address? _____ Email _____
Home Phone _____ Work Phone _____
Birth date _____ Sex _____ Marital Status _____
Occupation _____ Employer _____
Work Address _____

Name of Spouse _____
Occupation _____ Employer _____
Work Address _____
Work Phone _____

List of Dependents	Relationship to Applicant	Birth date
_____	_____	_____
_____	_____	_____

Please list the names of employed family members, either full or part-time and their gross monthly pay.

Please list any other income you receive:

1. Rents _____ \$ _____
2. Pensions _____ \$ _____
3. Support Payments _____ \$ _____
4. Investments _____ \$ _____
5. **Total Monthly Family Income From All Sources** \$ _____

Please list monthly expenses you incur:

Please list expenses that are "unusual" for your family. This can include medical expenses, living expenses, or support that is given to family members that are not your legal dependents.

Expenses	Amount
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6. **Total Monthly Family Expenses From All Sources** \$ _____

What Level Membership are you requesting? Center Membership Social Membership

How many people within the membership? Single Couple Family

How much are you able to pay for Membership? _____

Is this Membership Application in addition to a Preschool Scholarship Request?

(March 15 annually) Yes No

Personal Statement

DIRECTIONS:

1. Please complete and return this **Scholarship Application**, your **Membership Agreement** and **supporting documentation**. Make sure income and expense totals are provided on this form.
2. Mail to: APJCC Membership Office, attention Membership Director, 14855 Oka Road, Suite 201, Los Gatos, CA 95032. The Membership Office Telephone Number is 408-356-4973.
3. Your application will be handled with care and confidentiality. Applications are reviewed on a timely basis, and you will be notified of the outcome shortly after the review is complete.