

Program Assistance

The MNjcc offers assistance for many programs to individuals who are in financial need. Applications must be received prior to a participant’s registration in the program. **Please allow 4 weeks processing time.** Please note that all applicants and members are subject to the terms and conditions of the MNjcc’s Code of Conduct. Any violation of these terms may result in termination from the Assistance Program and the MNjcc. If you are interested in Fitness Membership assistance, please fill out the extended **Membership Assistance Program Application Form**. If you are interested in aquatics programs for your child (0-17 years), please fill out a **Learn to Swim Application Form**.

Hebrew Institute and Yiddish Scholarships

Scholarships for MNjcc Jewish Life programs are made possible through private donors. A scholarship for MNjcc Hebrew Institute and other Jewish Life programs is **valid for the duration of two consecutive semesters (six months) from the date of approval**, regardless of usage. The Jewish Life Department does not send Renewal Notices. It is incumbent upon you to re-apply at the end of six months if you wish to continue your subsidized fees.

Your Information:

LAST NAME	FIRST NAME	DATE OF BIRTH	AGE	GENDER
		mm/dd/yyyy		
		mm/dd/yyyy		

Address: _____

City: _____ Postal Code: _____

Primary #: _____ Secondary #: _____

Email: _____ Marital Status: _____

For Hebrew Institute and Yiddish courses, please indicate which session you are applying for, in order of preference. For all other programs, please list the program name. Please contact the Jewish Life Department at 416-924-6211 ext. 388 for details.

	LEVEL	DAY	TIME	SESSION
Program Name				
Program Name				
Program Name				

Are you currently a member with an arrangement in the MNjcc Membership Assistance Program? Yes No

Applicants are required to provide proof of total household income. Please indicate what kind of income documents you are submitting and attach it to the back of this form. Applications without RECENT supporting documentation will not be considered. (Note: photocopies preferred. Supporting documents are destroyed upon completion of assessment; please do not submit originals).

- Notice of Assessment (self) Notice of Assessment (partner) ODSP Statement OW Statement
- Proof of Current Full-Time Student Status EI Statement

How many people does this income support? _____

You must include the portion of your assistance statement that shows your name and address.

Signature: _____ Date: _____

I verify that the information submitted is correct and accurate. If I submit false or inaccurate information, I understand that my eligibility for financial assistance in Jewish Life Programs may be terminated.

OFFICE USE ONLY		
<input type="checkbox"/> Received:	<input type="checkbox"/> Not Approved (incomplete):	<input type="checkbox"/> Not Approved:
Initial Approval: _____ Date: _____	Final Approval: _____ Date: _____	

OFFICE USE ONLY - NOTES

Date of Follow up:

Staff:

Date of Follow up:

Staff:

Date of Follow up:

Staff: