

Application for Reduced Dues and/or Religious School Tuition

ALL INFORMATION ON THIS FORM WILL BE KEPT CONFIDENTIAL

We wish to make Synagogue services available to all Jews who earnestly want them and, at the same time, to best allocate the Synagogue's finite resources. We assume that:

- a) Synagogue membership and Jewish Education are very high priorities in Jewish life
- b) Members are willing to make personal sacrifices to achieve these priorities
- c) Members are willing to volunteer time to our synagogue and to other Jews in need.

IMPORTANT INFORMATION!

This form must be returned to the Synagogue with a signed copy of your most recent federal income tax return and a current financial statement (form attached). Incomplete applications will be returned.

Any balance due on your Synagogue account must be paid in order for your application to be processed. Financial arrangements are valid for one year, commencing on the Synagogue's fiscal year which begins July 1st. If a reduction of fees is granted you will be notified by mail. Additional information may be required in order to process your request.

Please complete all the information requested below. (Questions that do not apply to your family should be answered "N/A".) Incomplete applications may delay the review process.

Name _____ Name (spouse) _____
(Last) (First) (Last) (First)

Social Security # _____ - - _____ (required) Social Security # _____ - - _____ (required)

Occupation _____ How long have you been employed at your current job? _____

Occupation (spouse) _____ How long have you been employed at your current job? _____

Telephone #'s Home () _____ Cell phone () _____
 Business () _____ Business (spouse) () _____

Address (street, city, zip) _____

E-mail address _____ Community/Sub-division name: _____

Please tell us about your dependent children. If you have more than 3 children, please attach a separate sheet listing the information requested below.

Name _____	Age _____	School _____
Name _____	Age _____	School _____
Name _____	Age _____	School _____

If any of your children attend private school, please indicate any tuition assistance you receive (scholarships and/or grants).

_____	_____	_____
<small>(Child's name)</small>	<small>(Child's name)</small>	<small>(Child's name)</small>
\$ _____	\$ _____	\$ _____
<small>(Assistance received)</small>	<small>(Assistance received)</small>	<small>(Assistance received)</small>

Please attach the Religious School Registration form to this application if applicable.

Monthly income and expenses	Income	Expenses
Gross income	\$ _____	(Provide last 3 pay stubs.)

Please make sure to complete both sides of this form.

