

BETH SHALOM CONGREGATION FINANCIAL ASSISTANCE APPLICATION [2009/2010]

Name(S): _____ Home Phone No. _____
 Additional phone contact numbers. _____ E-mail _____
 Other Family Member Names (if applicable): _____

Please indicate below the **TOTAL AMOUNT OF ASSISTANCE REQUESTED** and then note for each item whether you are seeking an **ADJUSTMENT** (a reduction that does not have to be paid back) or a **DEFERRAL** (a reduction that will be paid back in the future).

ITEM	AMOUNT DUE	TOTAL ASSISTANCE REQUESTED	AMOUNT OF ASSISTANCE NEEDING ADJUSTMENT	AMOUNT OF ASSISTANCE DEFERRED TO NEXT YEAR
DUES 2009-2010				
MORTGAGE REPAYMENT 2009-2010				
BUILDING FUND 2009-2010				
TUITION 2009-2010				
UNPAID DUES (PAST/PRIOR)				
UNPAID TUITION (PAST/PRIOR)				
UNPAID OTHER FEES (SPECIFY)				
TOTAL				

I/we need a special adjustment or deferral because:

- Use the back or attached additional documentation to support your request in terms of need
- Provide in your response, sufficient information to ascertain level of need since assistance funds are limited

{Add additional pages as needed}

Thank you for your consideration. By signing below, I certify that the information provided is true, accurate, and complete. I understand that the Special Dues Committee may request additional information in support of my application.

You are required to establish an automatic payment plan. Please return your payment option form.

Date: _____ Signature _____

Please complete and return this form to:
 Financial Office - Confidential
 Beth Shalom Congregation
 8070 Harriet Tubman Lane
 Columbia, MD 21044
 Or via e-mail: President@beth-shalom.net

FOR SPECIAL DUES COMMITTEE USE:

RECVD: _____ REVWD: _____ DECD: _____ AMT: _____ LTR: _____ OTHR: _____