

BETH SHALOM CONGREGATION FINANCIAL ASSISTANCE APPLICATION [2010/2011]

Name: _____ Daytime Phone: _____

Email Address: _____ Evening Phone: _____

Other Family Member Names (if applicable):

My/Our dues category is [check applicable box]:

- 100% [family, both adults, ages 30-64]
- 50% [single-parent family; single adult 30-64; senior couple – at least one person age 65+; junior couple – both ages under 30]
- 40% [senior single – age 65+, junior single – age under 30]

I/we need a special dues adjustment for the current period because:

{Add additional pages if needed}

The total dues and/or school I/we propose to pay for 2010/11 is \$ _____

I/We have an old balance for 2009/10 and the amount we are able to pay is \$ _____

I/We have children in Beth Shalom's Religious School: Yes No

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.

Signature(s) Date: _____

FOR OFFICE USE ONLY

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Name(S): _____

| ITEM | ORIGINAL AMOUNT DUE | TOTAL ADJUSTMENT AMOUNT GRANTED | TOTAL NEW BILL AMOUNT | AMOUNT OF ASSISTANCE DEFERED TO NEXT YEAR |
|------------------------------|---------------------------|--|-----------------------------|--|
| DUES 2010-2011 | | | | |
| MORTGAGE REPAYMENT 2010-2011 | | | | |
| BUILDING FUND 2010-2011 | | | | |
| TUITION 2010-2011 | | | | |
| UNPAID DUES (PAST/PRIOR) | | | | |
| UNPAID TUITION (PAST/PRIOR) | | | | |
| UNPAID OTHER FEES (SPECIFY) | | | | |
| TOTAL | | | | |

FOR SPECIAL DUES COMMITTEE USE:

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