



CONGREGATION BETH AM
APPLICATION FOR SPECIAL CONSIDERATIONS
Fiscal Year July 1, 2006 - June 30, 2007

All information provided and all communication will be **strictly confidential** to protect both the family and the integrity of the Special Considerations process. We, who are entrusted with the responsibility of according financial assistance, will do so in a sound, fair and prudent manner.

Completed applications should be addressed to:

Congregation Beth Am
Accounting Office
5050 Del Mar Heights Road
San Diego, CA 92130.

Please read the following stipulations and sign below:

1. **Special Considerations applies to member dues, debt service fund and Jewish Learning Center (JLC) Tuition only.** No reduction can be considered for preschool, textbooks and supplies fees, Bar/Bat Mitzvah fees, or any future general membership assessments approved by the Board of Directors. Textbook & supplies fees must be paid in full prior to registration.
2. All members obtaining special considerations are expected to contribute to the synagogue in fundraising events and/or capital or emergency campaigns. (please see attached letter)
3. **All forms must be filled out COMPLETELY, and a copy of signed 2005 federal tax return must be attached, in order for your special consideration application to be processed.**
4. All information in this application must be true and correct.
5. Personal interviews may be scheduled at a member's request.
6. **Any arrangement involving payments will be placed in writing and must be signed.**
7. **Monthly invoices showing amounts due and due dates will be mailed to you.**

I have read the above stipulations and do hereby agree.

Signature

Name (Please print.)

Date

Signature

Name (Please print.)

Date

SPECIAL CONSIDERATIONS REQUEST FORM
Personal Information—PLEASE PRINT

Member A

Name _____

Age _____ Birthday _____

Occupation _____

Employer _____

How long employed? _____

Work phone _____

Home Address _____

Home Phone _____

Cell Phone _____

Other Phone _____

Email _____

Member B

Name _____

Age _____ Birthday _____

Occupation _____

Employer _____

How long employed? _____

Work phone _____

Home Address _____

Home Phone _____

Cell Phone _____

Other Phone _____

Email _____

DEPENDENT INFORMATION

Please list all of your children and/or your parents that are living in your home.

Number of Dependents _____

Name	Age	Birthday (mo/day/yr)
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Name	Age	Birthday (mo/day/yr)
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Name	Age	Birthday (mo/day/yr)
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Name	Age	Birthday (mo/day/yr)
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SPECIAL CONSIDERATIONS REQUEST FORM MEMBERSHIP DUES & JLC FEES

MEMBERSHIP	ANNUAL DUES
Family	\$ 1,900
Single Parent / Individual.....	\$ 980
Associate	\$ 1,110 ~ <i>Proof of membership required</i>
Young Married.....	\$ 820 ~ <i>Both must be under 30 years old</i>
Singles < 30 yrs.....	\$ 475

JLC FEES (50% due upon submission of application – balance due by December 31, 2006)	
Yeladim, Kindergarten, Grade 1	\$ 600/670 (on or after July 1)
Grades 2 - 7	\$ 950/1,000 (on or after July 1)
TEXTBOOK & SUPPLIES FEES (per child/ due in full upon submission of application)	
Yeladim, Kindergarten, Grade 1	\$ 75
Grades 3, 4, 5 and 7	\$ 90
Grades 2 and 6	\$ 115
Emergency Supplies (all grades, new students only)	\$ 10

PRESCHOOL	ANNUAL TUITION	
	MEMBER	ASSOCIATE MEMBER
2 days per week	\$ 2,600	\$ 3,000
3 days per week.....	\$ 3,900	\$ 4,290
5 days per week.....	\$ 5,190	\$ 5,570
Gesher 5 days per week	\$ 6,050	\$ 6,410

	(A) Amount Due	(B) Consideration Requested	(C) Amount Due after Consideration (C) = (A) – (B)
Membership Category _____	\$ _____	\$ _____	\$ _____
Debt Service Fund Assessment	\$ <u>500</u>	\$ _____	\$ _____
Bar/Bat Mitzvah Fee \$ 985 each	\$ _____	Consideration Not Available	\$ _____
JLC Fees (# of Students ___ @ \$600-1,000 each)	\$ _____	\$ _____	\$ _____
JLC Textbook & Supplies \$85-120 each	\$ _____	Consideration Not Available	\$ _____
Preschool \$2,480 – 6,100 each	\$ _____	Consideration Not Available	\$ _____
Total Amount Due after Consideration (Subject to Approval)			\$ _____

REQUESTED PAYMENT TERMS

- 1 Payment
 2 Payments
 4 Payments
 10 Payments (Maximum)
- Other (Please indicate) _____

A staff member from the Accounting Department will contact you to make payment arrangements if requested.

