



**CONGREGATION BETH AM**  
**APPLICATION FOR SPECIAL FINANCIAL CONSIDERATION**  
**Fiscal Year July 1, 2018 - June 30, 2019**

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 fair, equitable and transparent manner. Completed applications should be addressed to:

Congregation Beth Am  
**ATTN: Kate**  
5050 Del Mar Heights Road  
San Diego, CA 92130

Please read the following stipulations and sign below:

1. **Special Financial Consideration applies to member dues, debt service fund, and Jewish Learning Center (JLC) Tuition.** No reduction can be considered for preschool, textbooks and supplies fees, Bar/Bat Mitzvah Tutor fees.
2. **All forms must be filled out COMPLETELY, and signed by all applicant individuals in order for your application to be processed.**
3. **Invoices and monthly statements showing amounts due and due dates will be mailed or emailed to you.**

**I have read the above stipulations and do hereby agree.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name (Please print.)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name (Please print.)

\_\_\_\_\_  
Date

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**PLEASE PRINT**

**Member A**

**Member B**

Name \_\_\_\_\_  
 Age \_\_\_\_\_ Birthday \_\_\_\_\_  
  
 Occupation \_\_\_\_\_  
 Employer \_\_\_\_\_  
 How long employed? \_\_\_\_\_  
 Work phone \_\_\_\_\_  
  
 Home Address \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Home Phone \_\_\_\_\_  
 Cell Phone \_\_\_\_\_  
 Other Phone \_\_\_\_\_  
 Email \_\_\_\_\_

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 (mm / dd / yyyy)
Name	Age	Birthday (mm / dd / yyyy)
Name	Age	Birthday (mm / dd / yyyy)
Name	Age	Birthday (mm / dd / yyyy)
Name	Age	Birthday (mm / dd / yyyy)

**SPECIAL FINANCIAL CONSIDERATION REQUEST FORM**  
**MEMBERSHIP DUES, & JLC**  
**Fiscal Year July 1, 2018 – June 30, 2019**

MEMBERSHIP CATEGORY	ANNUAL DUES
Family .....	\$2,835 <i>plus \$500 Debt Service Fund &amp; \$125 Security</i>
Single Parent / Individual.....	\$1,460 <i>plus \$500 Debt Service Fund &amp; \$125 Security</i>
Associate .....	\$1,640 <i>proof of membership required, plus \$125 Security</i>
Young Married.....	\$1,210 <i>both must be under 30 years old, plus \$125 Security</i>
Young Single .....	\$ 695 <i>must be under 30 years old, plus \$125 Security</i>

<b>JLC FEES (50% due upon submission of application)</b>	
Kindergarten & Grade 1	\$1,095
Grades 2 to 6	\$1,700

**TEXTBOOKS, SUPPLIES, AND SAFETY KITS ARE INCLUSIVE**

	(A) Amount Due	(B) <u>Consideration</u> <u>Requested</u>	(C) Amount Due after Consideration (C) = (A) – (B)
Membership Category _____	\$ _____	\$ _____	\$ _____
Debt Service Fund Assessment	\$ <u>500</u>	\$ _____	\$ _____
JLC Fees (# of Students ___ @ \$1,095 or 1,700 each)	\$ _____	\$ _____	\$ _____
<b>Total Amount Due after Consideration (Subject to Approval)</b>			<b>\$ _____</b>

*Please contact Kate at Accounting Department to make payment arrangements immediately.*

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**Annual Income & Expenditures**

	<b>Income Amount</b>			<b>Expenditures Amount</b>
Wages		Rent/Mortgage & Property Taxes		
Investment Income		Food & Household Supplies		
Social Security/SSI		Clothing		
Pension		Utilities		
Scholarships/Grants		Gas & Auto Repair		
Support from Family		Car Payments		
Alimony		Child Support/Alimony		
Other (Specify)		Insurance (Car, House & Medical)		
<b>TOTAL INCOME</b>		Entertainment		
<b>Less Total Expenditures</b>		School Related (Tuition & Books)		
(from right hand column)		Other (Specify)		
<b>NET SURPLUS (DEFICIT)</b>		<b>TOTAL EXPENDITURES</b>		

**Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

**Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

**Please state your reasons for requesting Special Considerations.  
You may attach any other documentation that you feel to be relevant.**

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# Congregation Beth Am

## Volunteer Sign-up Form

I will volunteer:

- € Office Support (clerical/phones/mailings)
- € Hesed Committee (Mitzvah) (help congregants in need)
- € Membership Committee (welcome new members, plan membership events)
- € Social Action Committee (organize & participate in community service)
- € 100 Blessings Committee (social action)
- € Special Events/Fundraising Committee (plan, promote & implement social events)
- € Hevra Kadisha (participate in the Mitzvah of preparing the deceased for burial)
- € CLJL/Adult Education Committee (plan, promote & implement classes)
- € Gabbaim (assist & coordinate honors for Shabbat services)
- € Youth Fundraising Committee (e.g. – Mishloah Manot)
- € JLC Fundraising Committee (e.g. – Purim Carnival, Book Fair)
- € JLC Class Reps (implement social events for your child's grade)
- € Sabra Parent Association (support the high school Judaic Program)
- € Preschool
- € Other Interest \_\_\_\_\_

*Please complete the form and submit it with other required Special Consideration Application materials.*

Name _____	Name _____
Phone _____	Email _____