

Beth Hillel Bnai Emunah
2020-2021 FINANCIAL COMMITMENT REVIEW REQUEST

INFORMATION WILL BE TREATED WITH THE STRICTEST CONFIDENCE. ALL THE INFORMATION IN THIS FORM MUST BE SUBMITTED TO BE CONSIDERED FOR A REDUCTION IN YOUR FINANCIAL COMMITMENT.

WE ASK THAT THIS REQUEST BE SUBMITTED PRIOR TO JULY 31st IF POSSIBLE.

Family name: _____

Best Phone number: _____ Best Time to contact you: _____

Total # of dependents in household: _____ Total # of adults in household _____

of children in the Academy _____

Are you a member of another synagogue? Yes No

Adult 1	Adult 2
Occupation: _____	Occupation: _____
Employed? [] Yes [] No	Employed? [] Yes [] No
Self-Employed? [] Yes [] No	Self-Employed? [] Yes [] No
Name of Company: _____	Name of Company: _____
Job Title: _____	Job Title: _____
[] Full Time [] Part Time _____ hours per week	[] Full Time [] Part Time _____ hours per week
[] More than one job	[] More than one job

NATURE OF FINANCIAL HARDSHIP

Please provide a brief statement of the reason for your request.

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Being fair to yourself, to other BHBE congregants who need financial assistance and to BHBE please indicate the amount of the financial commitment you feel you can make: \$_____. The chair of The Financial Commitment Review Committee will contact you with any questions we may have and to advise you of our decision on your request.

If there is any change and I am able to pay my full financial commitment, I will notify BHBE so financial assistance may be given to another member.

Adult 1 Signature_____ Date_____

Adult 2 Signature_____ Date_____

Any need for a reduction in financial commitment in a future fiscal year requires the filing of a separate FINANCIAL COMMITMENT REVIEW REQUEST.