



Beth Meyer Synagogue
Torah • Avodah • Gemilut Hasadim
 504 Newton Road
 Raleigh, NC 27615
 919-848-1420

Financial Assistance Request Form: August 1, 2020 – July 31, 2021*

The process of allocating financial assistance is conducted with the utmost confidentiality. Decisions will be equitable and respectful in evaluating your application. We ask that you provide all the information requested to be considered for assistance and return your form to the Beth Meyer Synagogue office or accounting@bethmeyer.org.

Adult #1:

Name _____

Home Address _____

Phone Number _____ Email _____

Occupation _____

Employer _____

Adult #2:

Name _____

Home Address _____

Phone Number _____ Email _____

Occupation _____

Employer _____

Current Marital Status:

Single _____ Married _____ Separated _____ Divorced _____ Widowed _____

Dependent Children:

Name _____ age _____ Name _____ age _____

Name _____ age _____ Name _____ age _____

Name _____ age _____ Name _____ age _____

* NOTE: If your financial situation should improve during the fiscal year, it is the responsibility of the requesting family to adjust or rescind this application.

BMS Financial Assistance Request Form: August, 2020 – July, 2021 (cont.)

Name(s) _____ (please print)

Monthly Income (Net):

Salaries & Wages, Commissions, Bonuses _____

Other Income (i.e., investment income, child support, pension, social security) _____

TOTAL Monthly Income (Net) _____

Monthly Expenses:

Mortgage/Rent _____

Automobile Loan/Lease Payments _____

Utilities (gas, electric, propane, water) _____

Education Costs (tuition, school loans) _____

Insurance Premiums (life, auto, medical) _____

Medical & Dental expenses _____

Miscellaneous Household Expenses:

 Groceries _____

 Cable/Internet _____

 Cell Phone _____

 Entertainment/Vacation _____

 Other _____

Memberships/Clubs (i.e., health, swim, golf, etc.) _____

TOTAL Monthly Expenses _____

Other financial obligations of a significant nature (please specify and indicate amounts):

Please explain why it is not possible for you to pay the standard amount of dues and/or tuition.

What amount do you propose to pay for this fiscal year?

I (we) understand that this request is for consideration of temporary assistance in paying the financial commitment for the fiscal year August, 2020 – July, 2021. The information submitted is an accurate description of my/our financial situation, and I (we) request a reduction in the synagogue fees based on financial need.

Signature _____ Date _____

Signature _____ Date _____