



**2018-2019/5779 APPLICATION FOR COMBINED KOL AMI  
DUES/RELIGIOUS SCHOOL TUITION REDUCTION & FEDERATION SCHOLARSHIP**

**Please complete this form if you are applying for reduction in  
Congregation Kol Ami dues or Religious School tuition.**

Congregation Kol Ami is a Congregation for All Our People, regardless of ability to afford Synagogue membership dues and Religious School tuition. Dues and tuition are set at about half of their true cost in order to make them affordable to most families. If the current dues and tuition levels are not affordable for you, please complete this form. Thank you for being a member of Kol Ami!

Please indicate in the box below the total amount you are able to pay for dues and tuition, then complete the rest of this form in its entirety.

The completed application and all requested documentation must be returned to the Kol Ami MAIN OFFICE on or by **Sunday, August 26, 2018** (the first day of Religious School). This will enable Kol Ami to access funds allocated for dues and tuition scholarships by the Congregation and the United Jewish Federation of Utah.

Please indicate the amount you can pay for DUES this year.

\$ \_\_\_\_\_

Please indicate the amount you can pay for TUITION this year.

\$ \_\_\_\_\_

**PLEASE NOTE:**

The purpose of the Federation scholarship program is to ensure that every Jewish child has access to a Jewish religious education. The Federation requires that at least one parent of the applicant be Jewish. All decisions for financial assistance will be made based on need and funds available to the Federation and the number of applicants requesting such funds. A detailed description of the Federation scholarship policy is available upon request by calling the Federation directly at 801-581-0102.

*The United Jewish Federation of Utah has strict policies requiring ALL requested documentation to be submitted along with the scholarship application form. Incomplete applications will not be accepted, depriving Kol Ami of thousands of dollars in Federation funds allocated for this purpose. Thank you for taking the time to submit a complete application, including attachments, so that Kol Ami can access these funds.*

**DOCUMENTS WHICH MUST BE ATTACHED TO THIS FORM**

1. Please attach your completed **2018-2019/5779 Membership Form** (if you are a new member);
2. Please attach your completed **2018-2019/5779 School Registration Form** (if you are a new Religious School Family);
3. Please attach a copy of **your Form 1040 from your 2017 federal tax return (full return for self-employed)**;
4. Please attach a copy of **your latest pay stubs for you AND your spouse/partner (if applicable)**;
5. Please attach **your brief, specific personal statement** indicating any special circumstances that may affect your need for financial assistance and how such assistance would be of benefit to you and your family.

Forward the documents listed above with this form to: **CONGREGATION KOL AMI, 2425 East HERITAGE WAY, SLC, UT 84109**

**IMPORTANT: We will not be able to process your application without all the documents listed above.**

**ALL INFORMATION IS KEPT STRICTLY CONFIDENTIAL AND APPLICANTS ARE REQUESTED TO DO THE SAME.**

**Applicant Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

## Section 1: APPLICANT DATA 2018-2019/5779

Applicant Name \_\_\_\_\_ Phone \_\_\_\_\_ Age \_\_\_\_\_ / Please check one:  Jewish  Other

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Marital Status  Single  Married  Partnered  Divorced  Widowed Email \_\_\_\_\_

Spouse/Partner Name \_\_\_\_\_ Phone \_\_\_\_\_ Age \_\_\_\_\_ / Please check one:  Jewish  Other

## Section 1: DEPENDENTS

	CHILD NAME	DATE OF BIRTH	AGE	RELATIONSHIP	GRADE AS OF SEPT 1ST	REQUESTING SCHOLARSHIP?
1.	_____	_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.	_____	_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.	_____	_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.	_____	_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.	_____	_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.	_____	_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

## Section 3: CURRENT FAMILY FINANCIAL INFORMATION

Section 3A: Applicant	Section 3B: Spouse / Partner
Employer 1 _____	Employer 1 _____
Position _____	Position _____
Years in Position _____ Hours per Week _____	Years in Position _____ Hours per Week _____
Employer 2 _____	Employer 2 _____
Position _____	Position _____
Years in Position _____ Hours per Week _____	Years in Position _____ Hours per Week _____
Other Monthly Income Source(s) (Military/Social Security/Allowances)	Other Monthly Income Source(s) (Military/Social Security/Allowances)
<b>3A1: Total Annual Gross Income \$</b> _____	<b>3B1: Total Annual Gross Income \$</b> _____
<b>3A2: Total Net Monthly Income \$</b> _____	<b>3B2: Total Net Monthly Income \$</b> _____

**SECTION 3C: TOTAL FAMILY MONTHLY INCOME (Sections 3A2 + 3B2) \$** \_\_\_\_\_

**Please summarize family monthly expenses:**

3D1: Rent/Mortgage \$ _____	3D4: Child Care \$ _____	3D7: Medical/Dental \$ _____
3D2: Utilities \$ _____	3D5: School/Education Expenses \$ _____	3D8: Other ( _____ ) \$ _____
3D3: Food \$ _____	3D6: Vehicle Pymts/Expenses \$ _____	3D9: Other ( _____ ) \$ _____

NOTES: \_\_\_\_\_

**SECTION 3D: TOTAL FAMILY MONTHLY INCOME (Add Sections 3D1 through 3D9) \$** \_\_\_\_\_

**SECTION 3E: TOTAL NET FAMILY INCOME (Line 3C minus Line 3E) \$** \_\_\_\_\_

## Section 4: ACCURACY

I hereby state that the information shown on this form and all supporting documentation is accurate. I agree to file a new application immediately upon any change in circumstances. I understand that failure to do so may result in a loss of continued financial assistance.

**Applicant Signature** \_\_\_\_\_ **Date** \_\_\_\_\_