

APPLICATION FOR DUES AND RELIGIOUS SCHOOL TUITION REDUCTION



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 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 Congregation Kol Ami!

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

Amount you can pay for DUES this year	\$
Amount you can pay for TUITION this year	\$
Amount you can pay for KAJY this year	\$

The completed application and all requested documentation must be returned to the Congregation Kol Ami office on or before **Sunday, August 23, 2020** (the first day of Religious School). This will enable us to access funds allocated for dues and tuition scholarships by the Congregation and the United Jewish Federation of Utah.

IF YOU ARE APPLYING FOR RELIGIOUS SCHOOL TUITION REDUCTION VIA CKA/UJF

The purpose of the United Jewish Federation of Utah 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. Thank you for taking the time to submit a complete application, including attachments, so that we can access these funds.

DOCUMENTS WHICH MUST BE ATTACHED TO THIS FORM

1. Your completed **2020 – 2021 / 5781 Membership Form** (if you are a new member).
2. Your completed **2020 – 2021 / 5781 Rafi Schwartz Religious School Form** (if you are applying for tuition reduction and are a new religious school family).
3. A copy of your **Form 1040** from your 2019 Federal Tax Return (full-return for self-employed).
4. A copy of your **latest pay stubs for you and your spouse/partner** (if applicable).
5. **A brief, personal statement** indicating any special circumstances that may affect your need of financial assistance and how such assistance would benefit you and your family.

Forward all documents along with the completed form to Congregation Kol Ami, 2425 East Heritage Way, Salt Lake City, UT 84109. **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

Applicant Name (Print): _____ Age: _____ Choose one: Jewish Other

Street Address: _____

City: _____ State: _____ ZIP Code: _____

E-mail: _____ Phone Number: _____

Marital Status: Single Married Partnered Divorced Widowed

Spouse / Partner Name (Print): _____ Age: _____ Choose one: Jewish Other

E-mail: _____ Phone Number: _____

Section 2: DEPENDENT DATA

Child's Name	Date of Birth	Age	Relationship	Grade as of Sep. 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

Employer 1: _____

Position: _____

Years in Position: _____ Hours per Week: _____

Employer 2: _____

Position: _____

Years in Position: _____ Hours per Week: _____

Other Monthly Income Source(s): _____
(Military / Social Security / Allowances)

Section 3A1: Total Annual Gross Income: \$ _____

Section 3A2: Total Net Monthly Income: \$ _____

Section 3B: Spouse / Partner

Employer 1: _____

Position: _____

Years in Position: _____ Hours per Week: _____

Employer 2: _____

Position: _____

Years in Position: _____ Hours per Week: _____

Other Monthly Income Source(s): _____
(Military / Social Security / Allowances)

Section 3B1: Total Annual Gross Income: \$ _____

Section 3B2: Total Net Monthly Income: \$ _____

Section 3C: TOTAL FAMILY MONTHLY INCOME (Sections 3A2 plus 3B2) \$ _____

3D1: Rent / Mortgage: _____ 3D4: Child Care: _____ 3D7: Medical / Dental: _____

3D1: Utilities: _____ 3D5: School / Education Expenses: _____ 3D8: Other (): _____

3D1: Food: _____ 3D6: Vehicle Payments / Expenses: _____ 3D9: Other (): _____

Section 3D: TOTAL FAMILY MONTHLY EXPENSES (Sections 3D1 through 3D9) \$ _____

Section 3E: TOTAL NET FAMILY INCOME (Section 3C minus 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: _____