

APPLICATION FOR MEMBERSHIP DUES AND/OR SCHOOL TUITION ASSISTANCE

Park Avenue Synagogue values all its members. We understand that congregants may experience financial hardships, and we offer this application to help determine eligibility for dues and/or tuition assistance. Financial assistance is granted for a one-year period.

Please answer each question to the best of your ability. If you need help completing this form, contact pasmembership@pasyn.org. All information provided will be kept strictly confidential.

Applications for the upcoming membership year (beginning July 1) will be reviewed starting in May. Each application must include a copy of your family’s most recent Form 1040 and all attachments. Liquid assets must also be reported.

Please send the completed application and all required documents to pasmembership@pasyn.org for review.

Are you applying for: Membership Dues Assistance Tuition Assistance Both

What year are you applying for dues and/or tuition assistance? _____

HOUSEHOLD

Name _____

Address _____

Telephone _____ Email _____

Marital status: Single Married Divorced Widowed

Have you ever before received financial aid from PAS? Yes No

CHILDREN 24 AND UNDER

Child’s name(s) _____

Child’s age(s) _____

Child’s current congregational school class _____ NA

Are your children enrolled in a school at which you pay tuition? Yes No

If yes, please list the schools/colleges, grades, and tuition that you pay.

Do you receive tuition assistance from these schools/colleges? Yes No

If yes, please list amounts.

CHILDREN'S SUMMER ACTIVITIES

Do your children attend summer camp/teen program? Yes No

If yes, please list camp(s) and tuition(s).

Do you receive tuition assistance? Yes No

If yes, please list amounts.

EMPLOYMENT

CONTACT 1

Occupation

Name of employer

Address

Phone

Gross Income for past calendar year \$

CONTACT 2

Occupation

Name of employer

Address

Phone

Gross Income for past calendar year \$

OTHER INCOME AND SUPPORT

Please list any other sources of income. \$

If divorced, do you receive support/alimony? Yes No NA

If yes, please indicate monthly amount \$

Balance of your liquid assets \$

EXPENSES

Do you rent or own your home?

Monthly rent/mortgage

Monthly maintenance/common charges

FOR SCHOOL TUITION ASSISTANCE APPLICANTS

If divorced, do both parents contribute to child's support? Yes No NA

If both parents contribute to the child's support, please provide Form 1040 for both parents.

If only one parent contributes to child's support, please indicate which parent. Mother Father

Please indicate monthly amount. \$ _____

FINANCIAL ASSISTANCE REQUEST

Amount of dues assistance requested \$ _____

Amount of school tuition assistance requested \$ _____

Please list any other factors of which you feel the Assistance Committee should be aware.

VERIFICATION

I/we verify that the enclosed information is correct and true, with signature(s) and date completed.

Signature _____

Date _____

Signature _____

Date _____

FOR USE BY ASSISTANCE COMMITTEE ONLY

Action taken by the committee:

Membership Dues Assistance Refused Approved/Amount granted: _____

Tuition Assistance Refused Approved/Amount granted: _____

Notes _____

Signed by _____

Date _____