



# PARK AVENUE SYNAGOGUE

50 East 87th Street, New York, New York 10128 / 212.369.2600 / office@pasyn.org / pasyn.org

## APPLICATION FOR MEMBERSHIP DUES AND/OR SCHOOL TUITION ASSISTANCE

Park Avenue Synagogue values all its members. In understanding the financial hardships that congregants may experience, this application is made available to you to assist the synagogue in determining whether you qualify for dues and/or tuition assistance.

Financial assistance is granted for a one-year period at a time. Please answer each question to the best of your ability. If you need assistance with this form, please email [pasmembership@pasyn.org](mailto:pasmembership@pasyn.org). The information contained herein will be kept strictly confidential.

**Applications for the upcoming membership year (July 1) will be reviewed starting in May. All applications must be accompanied by a copy of the family's most recent Form 1040 along with all attachments. Liquid asset amounts must also be reported.**

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).

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Do you receive tuition assistance?  Yes  No

If yes, please list amounts.

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**EMPLOYMENT**

**CONTACT 1**

Occupation

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Name of employer

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Address

Phone

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Gross Income for past calendar year \$

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**CONTACT 2**

Occupation

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Name of employer

---

Address

Phone

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Gross Income for past calendar year \$

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**OTHER INCOME AND SUPPORT**

Please list any other sources of income. \$

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

If yes, please indicate monthly amount \$

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Balance of your liquid assets \$

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**EXPENSES**

Do you  rent  or own your home?

Monthly rent/mortgage

Monthly maintenance/common charges

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**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 \_\_\_\_\_

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**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 \_\_\_\_\_