



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 from time to time, this application is made available to you in order 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. The information contained herein will be kept strictly confidential.

All applications must be accompanied by a copy of the family's most recent Form 1040 along with all attachments.

Are you applying for: Membership Dues Assistance Tuition Assistance Both

HOUSEHOLD

Name _____

Address _____

Telephone _____

Email _____

Marital status: Single Married Divorced Widowed

Is 2023/2024 your first year at PAS? Yes No

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

CHILDREN 23 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 _____