**![image001[1]]()Financial Assistance Request Form
2017 – 2018 / 5778
Temple Beth Shalom, Needham, MA**

Thank you for wishing to become / remain ***(please circle one)*** a member of our Temple community and for providing the following information. Requests for financial assistance will only be considered if they are made due to **financial difficulty. They will be held in the strictest confidence**. In order for our community to provide financial assistance, please complete this form as fully and accurately as possible.

Our financial assistance process is done thoughtfully, with tremendous sensitivity and care. If you have any questions, please feel free to contact June Atkind, Financial Assistance Chair at 617-462-4350 or junatkind@aol.com.

**Personal Information:**
Name:

Adult 1: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Adult 2 (if applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Names and grades of children registered in TBS Children’s Center and K-12 Learning Programs:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please describe your current situation of financial difficulty.

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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number in your household: \_\_\_\_\_\_Total family income for 2015: \_\_\_\_\_\_\_\_ Total family income for 2016:\_\_\_\_\_\_\_\_\_\_

*Please attach a copy of the front summary page of your 2015 tax return.*

Who should we contact regarding the Financial Assistance process? : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Best way to reach you: \_\_\_\_ Home phone \_\_\_\_ Business phone \_\_\_\_Cell phone

Phone Number: \_ (\_\_\_\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Best time to reach you: \_\_\_\_\_ Daytime \_\_\_\_\_Evening

Should we need to contact you by e-mail, please provide the e-mail address you would like us to use:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_@\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**STEP 1:** My family’s total financial commitment for 2017-18 ***before any adjustment*** includes the following items and amounts *(to fill in the amounts below, please refer to the enclosed Member Commitments & Tuition Costs*):

1. Member commitment (formerly “dues”). Please circle your category. Rates have not yet been finalized, so estimates are listed.

Family (about $3,500) Single ($2,300) Junior ($1,900)

 Senior couple ($2,600) Senior single ($1,800) Associate ($800)

1. Building fund (see below). Total amount is $\_\_\_\_\_\_\_\_\_
2. Children’s Center Tuition. Total amount is $\_\_\_\_\_\_\_\_\_ Paid to date: $\_\_\_\_\_\_\_\_\_\_\_\_
3. K-12 Learning Programs Tuition. Total amount is $\_\_\_\_\_\_\_\_\_ Paid to date: $\_\_\_\_\_\_\_\_\_\_\_\_
4. B’nei Mitzvah Fees (estimated $1,900) Total amount is $\_\_\_\_\_\_\_\_\_ Paid to date:$\_\_\_\_\_\_\_\_\_\_\_\_
5. Total Family Commitment for 2017-18 ***(sum of above)***: $\_\_\_\_\_\_\_\_\_ Total paid to date***(sum of above)***: $\_\_\_\_\_\_\_\_\_

**STEP 2:** I request that my remaining unpaid balance for 2017–18 be adjusted to: $\_\_\_\_\_\_\_\_\_\_\_. I am able to offer this payment in the following ways:

* One-time payment of $\_\_\_\_\_\_\_\_\_ (due July 1, 2017).
* Two payments of $\_\_\_\_\_\_\_\_\_\_ for a total of $\_\_\_\_\_\_\_\_\_ (due July 1, 2017 and December 1, 2018).
* Ten payments of $\_\_\_\_\_\_\_\_\_\_\_ for a total of $\_\_\_\_\_\_\_\_ (monthly payments from July 1, 2017 to April 1, 2018).

**Thank You:**
We appreciate your sharing the above information with us. **Please note that your Monthly Statement cannot be adjusted until we finalize a financial arrangement together with you.** As always, if you have any question, please do not hesitate to contact June Atkind junatkind@aol.com or 617-462-4350).If you need any help completing this form, please contact Paula Markman 781 444-0077 or pmarkman@tbsneedham.org

**Building Fund:**Members of the Beth Shalom community also contribute to our Temple’s Building Fund, which helps our community maintain our Temple home. For those who join TBS in 2017–2018, the Building Fund amount is $2,400.00 – payable over eight years, at $300.00 per year. The first payment to the Building Fund is not due until the start of the second year of membership. Those who joined TBS prior to 2007-2008 are asked to pay $1,400.00 ($200.00 over seven years).

□ Please check here if you are requesting deferment of any Building Fund payment for 2017-2018.

**Promise:**

In requesting financial assistance, I/we confirm that I/we would like to be part of the Temple Beth Shalom community, but are unable to pay the full costs for our member commitment and tuition expenses. I/We also confirm that all of the information in this application is true. In accepting financial assistance, I/we promise that I/we will consistently make agreed upon payments and if unable to abide by the schedule or the terms I/we will contact Paula Markman, Controller (781) 444-0077 ext. 19 or by email pmarkman@tbsneedham.org or June Atkind, Financial Assistance Chair (617-462-4350 or by email junatkind@aol.com) as soon as possible.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date

**Form Submission:**
Please return this form to: Temple Beth Shalom, Attn: Financial Assistance, 670 Highland Avenue, Needham, MA 02494