

DUES/TUITION ADJUSTMENT REQUEST FORM

I/we are applying for: Dues Adjustment Tuition Adjustment

Date _____

Name _____ Occupation _____

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Address _____ City _____ Zip Code _____

Home Phone _____

Business Phone _____ Membership Classification _____

Number of people in household _____ Gross Family Annual Income \$ _____

Estimated Net Worth \$ _____

I am able to pay \$ _____ (per mo/yr) Dues and \$ _____ (per mo/yr) Tuition.

Do you have children enrolled in the following: (please check all that apply)

Religious School (# of children _____)

Hebrew School (# of children _____)

B'nai Mitzvah

Mommy, Daddy & Me (# of Children _____)

(Please check any that apply)

I/we have experienced a medical condition in the family which had a significant impact on my/our ability to pay Temple dues/tuition.

Please describe: _____

I/we have experienced an unanticipated expense which had a significant impact on my/our ability to pay Temple dues/tuition.

Please describe: _____

There has been a change in family status which had a significant impact on my/our ability to pay Temple dues/tuition.

please describe: _____

In the last 12 months, my/our family income has been reduced by _____% or \$_____ for the following reason(s): _____

Other _____

I/we understand that Dues/Tuition Adjustment is intended for those in the Temple community who truly need relief. I/we understand that if an adjustment is elected, and my/our financial circumstances should change, and I/we are able to pay the standard Temple dues, I/we will inform the Temple immediately. I/we understand that it is my/our responsibility to pay the adjusted dues in the manner I/we agreed to. I/we further understand that should a problem arise in making the adjusted payments, I/we will contact the Dues Adjustment Committee immediately and inform them of the nature of the problem. I/we understand that those requesting Dues/Tuition Adjustment will be reviewed on an annual basis and may be subject to financial verification. Failure to meet the terms of this agreement will result in a recommendation to the Board of Directors that your Temple membership be suspended.

Signed Date Signed Date

The Dues Adjustment Committee will review your request and contact you within 30 days. Should you have any questions before that please feel free to contact the Financial Secretary c/o the Temple Sinai office or by e-mail financial.secretary@temple-sinai.net