

OFFICE USE ONLY:							
LAST NAME				ACCOUNT #			
APPLICATION RECEIVED		ACKNOWLEDGED		COMMITTEE REVIEW		NOTIFICATION	
DETERMINATIONS:							
	CURRENT DUES	RS TUITION	PS TUITION	BUILDING FUND	PRIOR BALANCE	TOTAL DUE	ALL DUE DATE



Tiferet Bet Israel

1920 Skippack Pike • Blue Bell, PA 19422

Executive Director email: director@tbibluebell.org
610-275-8797 voice 610-275-1664 fax

TIFERET BET ISRAEL FINANCIAL ASSISTANCE APPLICATION 2005 -- 2006

IMPORTANT: Please use **BLACK** or **DARK BLUE** pen and **PRINT** clearly and neatly.

The Board, Officers and Professional Staff of Tiferet Bet Israel strive to make the Financial Assistance process
•DIGNIFIED •CONFIDENTIAL •EXPEDIENT

We value your participation in the TBI community. Thank you for the trust you have invested in us.

One application is to be used for both dues and tuition fees aid.

Completed applications are returned to the Executive Director. Questions about the application or the process can be directed to the Executive Director. Financial assistance information is held in strict confidence and will be shared only with members of the Financial Assistance Committee, the synagogue President, and the Executive Director.

Applications are accepted at any time. When an application is received, an acknowledgment letter will be sent to the applicant by the Executive Director within two weeks. (If the application is incomplete, the letter will indicate what additional information is needed.) The acknowledgement letter will state when the matter will be addressed by the committee.

The deadlines after which the committee will address applications for financial assistance will be:

January 1 September 1
May 1 June 1

Applications will be evaluated by the committee at its next scheduled meeting after the deadline.

Applicants with completed application packages are to be notified of the Financial Assistance Committee's decision no more than thirty days after the committee meeting.

Current fiscal year needs are evaluated at the committee meetings following the September 1 and January 1 deadlines. Upcoming fiscal year needs are evaluated at the committee meetings following the May 1 and June 1 deadlines. A certain percentage of the available funds for financial assistance, initially 20%, will be withheld for use later in the year. The remainder of money will be distributed on a first-come, first-served basis. *Therefore it will be advantageous for an applicant to submit a complete application before the June 1 deadline rather than wait for the September 1 deadline.*

Financial assistance is to be given as an annual package which will include Synagogue dues and tuition to the religious school. The assistance package will indicate:

payment arrangements

mutually agreed voluntary service obligations to the congregation (e.g., helping set up and/or clean up for TBI events, or Minyan duty).

The financial assistance package will not include any non-need based scholarships or grants, or camp tuition.

Members receiving financial assistance are not eligible to purchase enhanced synagogue benefits (such as reserved seats for High Holy Days) or to make a substantial contribution to TBI.

Applications for financial assistance are to be filed annually unless the member is notified otherwise by the committee.

The financial assistance package will only be in effect for the time indicated in the notification letter (usually one year). The granting of a financial assistance package shall not guarantee future financial assistance.

If circumstances should change so that the member no longer needs financial assistance, the member is to notify the Executive Director or President, preferably by letter.

Applicants have two weeks to accept or reject the financial assistance package. To accept, notify the Executive Director by completing, signing and returning the enclosed agreement. Applicants may appeal in writing if they do not agree with the committee's action. The Executive Director will call the member to try to resolve the situation. If unsuccessful, the appeal goes to the President of the synagogue who will make the final decision regarding financial assistance with the assistance of the Executive Director.

Members receiving financial assistance for two consecutive years and requesting assistance for the third year will be required to submit substantiating financial information for the previous two years, to verify and expand on the application. Required information may include Federal Income Tax Returns and documents relating to divorce, child support and distribution of the marital estate.

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FINANCIAL DISCLOSURE

TBI reserves the right to ask for additional information it may deem necessary to make a determination about this request for assistance.

TBI has limited funds available for financial assistance. Monies are granted on a first-come, first-served basis.

Circle type(s) of assistance requested. If tuition assistance is requested, list names of child(ren) and grade in school.

I. Synagogue Dues Abatement	II. Preschool Tuition Assistance for	III. Religious School Tuition Assistance for
If paying in full, my/our TOTAL dues and tuition obligation for 2004 -- 2005 would be:	1. _____ (grade)_____	1. _____ (grade)_____
	2. _____ (grade)_____	2. _____ (grade)_____
	3. _____ (grade)_____	3. _____ (grade)_____
I/We request to pay this reduced total amount for 2004 -- 2005:	4. _____ (grade)_____	4. _____ (grade)_____
	5. _____ (grade)_____	5. _____ (grade)_____
	6. _____ (grade)_____	6. _____ (grade)_____

Please circle the dollar range that represents the best estimate of total combined pretax household income for fiscal year 2004 -- 2005 (July 1 to June 30).

Less than \$29,999 \$30,000 -- \$49,999 \$50,000 -- \$69,999 \$70,000 -- \$89,999 \$90,000 -- \$109,999 \$110,000 -- \$129,999 Greater than \$130,000

In the case of divorce or separation affecting the adult head(s) of household, please provide this additional information:

1ST ADULT HEAD OF HOUSEHOLD	2ND ADULT HEAD OF HOUSEHOLD
Date of Separation _____	Date of Separation _____
Date of Divorce Decree _____	Date of Divorce Decree _____
Parental Status Full Custody Joint Custody Noncustodial Parent	Parental Status Full Custody Joint Custody Noncustodial Parent
Full name of other parent: _____	Full name, other parent: _____
Child Support: Do you Pay Receive Neither	Child Support: Do you: Pay Receive Neither
Child Support Amount: \$ _____ Per year	Child Support Amount: \$ _____ Per year
According to court order, when will child support end? _____/20_____ (month and year)	According to court order, when will child support end? _____/20_____ (month and year)
Does the child support agreement specify a contribution for education of your children? Yes No	Does the child support agreement specify a contribution for education of your children? Yes No
If yes, how much per year? \$ _____	If yes, how much per year? \$ _____
If yes, payable by whom? _____	If yes, payable by whom? _____
Who claimed the child(ren) as a tax dependent in 2003 -- 2004? _____	Who claimed the child(ren) as a tax dependent in 2003 -- 2004? _____
Alimony: Do you: Pay Receive Neither	Alimony: Do you: Pay Receive Neither
Alimony Amount: \$ _____ Per year	Alimony Amount: \$ _____ Per year

Unusual circumstances: Please circle all that apply to your situation. Please use page 4 to explain your current situation.

Loss of job Shared custody Recent separation or divorce High debt Bankruptcy Death in the family
 Change in work status Child support reduction Change in family living status Shared tuition College expenses Medical/Dental expenses

