



CONGREGATION BETH EL

APPLICATION FOR FINANCIAL AID 2005 – 2006

NAME: _____

ADDRESS: _____

YEAR MEMBERSHIP BEGAN: _____

FINANCIAL AID IS REQUIRED FOR (please check):

- Dues
- Religious School
- Capital Campaign

1) EMPLOYER INFORMATION:

Husband/Father Employer: _____

Address: _____

Phone: _____ Cell Phone: _____

Wife/Mother Employer: _____

Address: _____

Phone: _____ Cell Phone: _____

2) IF YOU OWN A BUSINESS, PLEASE INDICATE PERCENTAGE OF OWNERSHIP:

3) DEPENDENT CHILDREN:

Name of Child	Age	School or College
_____	_____	_____
Name of Child	Age	School or College
_____	_____	_____

4) PLEASE LIST OTHER DEPENDENTS, IF ANY. IN THE CASE OF DEPENDENTS LIVING OUTSIDE YOUR HOME, PLEASE INDICATE APPROXIMATE AMOUNT OF FINANCIAL ASSISTANCE PROVIDED EACH YEAR.

5) PLEASE LIST UNUSUAL EXPENSES:

6) DO YOU OWN YOUR OWN HOME?

Yes

No

7) DO YOU OWN OTHER REAL ESTATE BESIDES YOUR HOME?

Yes

No

8) PLEASE GIVE THESE AMOUNTS BEFORE DEDUCTIONS FOR TAXES, SOCIAL SECURITY, ETC.

Father's total earned income: _____

Mother's total earned income: _____

Additional family income (all sources): _____

9) IN VIEW OF THE FINANCIAL CIRCUMSTANCES OUTLINED ABOVE, WHAT MINIMUM AID DO YOU REQUIRE? IF THE AID REQUIRED IS GREATER THAN 25% OF THE ACTUAL AMOUNT INDICATED ON YOUR INVOICE, YOU MUST ATTACH A COPY OF YOUR MOST RECENTLY FILED FEDERAL TAX RETURN.

\$ _____

10) PLEASE PROVIDE A BRIEF STATEMENT WHY YOU REQUIRE FINANCIAL AID:

FOR RELIGIOUS SCHOOL FINANCIAL AID

(If you are applying for Religious School Financial Aid,
please answer the following questions)

<u>STUDENT(S) NAME</u>	<u>RELIGIOUS SCHOOL CLASS</u>	<u>DATE OF BIRTH</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

IF THE STUDENT DOES NOT LIVE WITH BOTH NATURAL PARENTS,
PLEASE CHECK THE APPROPRIATE BOX:

- | | |
|--|---|
| <input type="checkbox"/> Parents are separated | <input type="checkbox"/> Parents are divorced |
| <input type="checkbox"/> Father is remarried | <input type="checkbox"/> Father is deceased |
| <input type="checkbox"/> Mother is remarried | <input type="checkbox"/> Mother is deceased |

IF DIFFERENT:

_____	_____	_____
Father's Name	Address	Zip
_____	_____	_____
Mother's Name	Address	Zip

This application is submitted for the purpose of ascertaining the needs of the applicant for financial aid. It is essential that you fill out the application fully and carefully so that your needs may be determined fairly. The Financial Committee can not consider your application unless all the information requested is provided. This material and the names of the recipients will be kept strictly confidential.

Please return this application to Congregation Beth El, c/o Financial Secretary,
8000 Main Street, Voorhees, NJ 08043.

All the information contained in this application is true and correct.

Signature of Applicant
