



# Temple Beth Ami

**EMBRACE JUDAISM  
FOSTER CONNECTION  
ENCOURAGE INNOVATION**

## Annual Financial Aid Request Form 2020 – 2021

Isaiah 56:7: “My House shall be called a house of prayer for all peoples.” Accordingly, Temple Beth Ami’s policy is to welcome all members, including anyone experiencing financial hardship that mitigates their capacity to fully afford annual membership dues. TBA’s annual membership dues are essential to our capacity to meet the needs of our diverse community. To ensure the equitable responsibility of the fulfillment of membership dues, the Temple’s Financial Secretaries have the responsibility to ensure that requests for reductions are justified through the information provided on this form.

Your confidentiality is of utmost importance in this process. Your name will be redacted and replaced by an identification number by one member of the Financial Aid Committee, who will then present all applications for consideration to the committee. This ensures your privacy is protected

and that your application is objectively considered on its merits.

Before submitting your application, please note the following additional information:

- All accounts must be current for last year (July 2019 to June 2020) to be considered.
- Each year’s circumstances are reviewed separately. Financial aid given last year does NOT automatically mean that financial aid will be granted for the coming year.
- All children must be registered for nursery and/or religious school before submitting application.
- This form must be completed in its entirety annually for consideration of financial assistance.
- Requests must be received by June 30, 2020.
- Please complete all pages, sign, and return by e-mail (preferred) to [FinAid@bethami.org](mailto:FinAid@bethami.org) or by postal mail to Financial Aid Committee, Temple Beth Ami, 14330 Travilah Road., Rockville, MD 20850-3527

Name(s):

\_\_\_\_\_

Best E-mail:

\_\_\_\_\_

Best Phone Number:

\_\_\_\_\_

Address:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### FOR COMMITTEE USE ONLY

Date Received:

\_\_\_\_\_

Code Number:

\_\_\_\_\_

**Your signature indicates that the information provided below is accurate to the best of your knowledge.**

Adult 1 Signature (can be typed): \_\_\_\_\_

Adult 2 Signature (can be typed): \_\_\_\_\_

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Code Number: \_\_\_\_\_

**List all dependent children:**

Child #1 Age: \_\_\_\_\_

Child #2 Age: \_\_\_\_\_

Child #3 Age: \_\_\_\_\_

Child #4 Age: \_\_\_\_\_

**Other people financially dependent on you (list only relationship):**

Total Annual Gross Income: \_\_\_\_\_

ESTIMATED ANNUAL EXPENSES: Please see page 5 of this application for a worksheet that will help you calculate your “expenses” number. Please remember to include taxes!

Total Annual Expenses: \_\_\_\_\_

The amount above includes your total annual taxes (city, state, federal) of: \_\_\_\_\_

Is there anything else we should know about your income? For example, is any part of your income seasonal or dependent on uncontrollable forces such as weather?

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Code Number:  
\_\_\_\_\_

Your estimated FY 2021 obligation is: \_\_\_\_\_

How much do you think your family can pay toward this amount per month starting in July 2020?  
\_\_\_\_\_

**Amount you think you can pay per month x 12 months = Your requested annual contribution.**

Please enter your requested annual contribution here: \_\_\_\_\_

**Please understand that the Temple may not be able to grant the amount of assistance requested.**

### **Additional Information:**

Please let us know:

Are you new to Temple Beth Ami? YES      NO

If not, for how many years have you been a member of the Temple? \_\_\_\_\_

If you have negotiated a reduction in fees before, about how many times? \_\_\_\_\_

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Please explain the cause(s) of your financial situation below. Please provide sufficient detail for the committee to understand your need. This is REQUIRED. If not completed, the application will be rejected.

NOTE: Please do not use any names in this explanation in order to maintain anonymity.

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\_\_\_\_\_

**Please use this form to calculate your expenses.**

**Note: While you do not have to submit this expense form to be considered for financial aid, we highly recommend you do so.**

Essential Living Categories	Monthly Payment	Annual Payment
Taxes (county, city, state, federal) (Be sure to include this!)		
Mortgage / Rent		
Car Payment(s)		
Car Maintenance (repairs, oil changes, etc)		
Child Care		
College / Private School Tuition Payments (Do not include TBA)		
Food (total home, restaurant, take out)		
Gas for car(s)		
House Maintenance (ins. lawn care, repairs, cleaning services, trash removal)		
HOA		
Car Insurance		
Health Insurance Premiums (include dental and vision, if any)		
Home / Renters Insurance (if not included in mortgage)		
Additional Insurance (Long term care, etc.)		
Internet		
Telephone (cell and landline, if any)		
Pet expenses (food and vet)		
Utilities (gas, water, electric)		
Clothing		
Property taxes not included in mortgage		
Additional loans		
Additional medical expenses		
<b>Total Essential</b>		

Discretionary Living Categories		
Camp		
Children's Sports / Activities		
Entertainment (Include cable / satellite, subscription services)		
Gym		
Professional Organization Dues		
Vacation		
Classes for adults, other than college		
Miscellaneous / other		
<b>Total Discretionary</b>		

<b>Total Essential and Discretionary</b>		
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After completing this form, save it and send it by **June 30th** via e-mail (preferred) to [FinAid@bethami.org](mailto:FinAid@bethami.org)

**or by postal mail:**

Financial Aid Committee, Temple Beth Ami  
14330 Travilah Road  
Rockville, MD 20850-3527

**If you need further assistance in preparation of this form, please contact:**

Andra Abramson ([FinAid@bethami.org](mailto:FinAid@bethami.org); 267-496-2661) or Burt Feldman (301-309-1737)

**Thank you.**

### FOR COMMITTEE USE ONLY

Approved Annual Obligation (including fixed amounts):  
\_\_\_\_\_

Amount of Relief Granted:  
\_\_\_\_\_

Building Fund Deferred:  
\_\_\_\_\_