



**Children:** Please list ALL Children under 18:

| Name | Grade<br>In 2014-15 | Check which school they will attend |                  |        |
|------|---------------------|-------------------------------------|------------------|--------|
|      |                     | Adat Ari El<br>DS ECC JLC           | Other<br>Private | Public |
|      |                     |                                     |                  |        |
|      |                     |                                     |                  |        |
|      |                     |                                     |                  |        |
|      |                     |                                     |                  |        |
|      |                     |                                     |                  |        |
|      |                     |                                     |                  |        |
|      |                     |                                     |                  |        |

**Automobiles:** Please list all automobiles used by your family:

| Make | Year | Model | Owned | Leased |
|------|------|-------|-------|--------|
|      |      |       |       |        |
|      |      |       |       |        |
|      |      |       |       |        |
|      |      |       |       |        |
|      |      |       |       |        |
|      |      |       |       |        |
|      |      |       |       |        |

Please Complete These Questions As Part of Your Application.

1. If your annual expenses are greater than your annual income, or it's close, please explain how your family makes it work makes it work.  
(Does yuour family help? Do you have savings? Do you have available ? etc.)

2. Do you see your financial circumstances changing in the coming year? Please explain. If you are currently unemployed, please let us know when you plan to return to work. Are you currently looking for work? Are the improvements in the economy helping to make it any easier? (You may continue on a separate page if necessary.)

3. Describe in detail the need or special circumstances that make your application necessary this year. Please provide us with any information that might help us evaluate your request. (You may continue on a separate page if necessary.)

**TOTAL Household Income: Gross Annual Wages/Salary/Self Employment Income:**

Less than \$50,000     \$50,000 - \$74,999     \$75,000 - \$124,999     \$125,000 - \$175,000     over \$175,000

Other sources of Monthly Income (check all that apply)

Real Estate                       Dividends                       Social Security                       Child Support                       Interest on Savings  
 Earnings on Investments     Pension                       Alimony                       Other Source of Revenue

**Monthly** sum of the Above:     less than \$500     \$500 - \$1,999     \$2,000 - \$5,000     more than \$5,000

Total **MONTHLY** Expenses

|                       |  |  |  |  |
|-----------------------|--|--|--|--|
| Auto Loan(s):         | <input type="checkbox"/> less than \$300 | <input type="checkbox"/> \$300 - \$499   | <input type="checkbox"/> \$500 - \$750     | <input type="checkbox"/> more than \$750   |
| Credit Cards:         | <input type="checkbox"/> less than \$500 | <input type="checkbox"/> \$500 - \$999   | <input type="checkbox"/> \$1,000 - \$1,500 | <input type="checkbox"/> more than \$1,500 |
| Utilities/Home Maint. | <input type="checkbox"/> less than \$500 | <input type="checkbox"/> \$500 - \$1,499 | <input type="checkbox"/> \$1,500 - \$2,500 | <input type="checkbox"/> more than \$2,500 |
| Tuition/Child Care    | <input type="checkbox"/> less than \$500 | <input type="checkbox"/> \$500 - \$1,199 | <input type="checkbox"/> \$1,200 - \$1,750 | <input type="checkbox"/> more than \$1,750 |
| Other Loans/Exps      | <input type="checkbox"/> less than \$500 | <input type="checkbox"/> \$500 - \$1,199 | <input type="checkbox"/> \$1,200 - \$1,750 | <input type="checkbox"/> more than \$1,750 |

**This box MUST be completed for your form to be processed:**

**AAE does not have sufficient funds to grant all special requests. We do the best we can. Please indicate the total that you are prepared to pay this year for Synagogue Dues: \$\_\_\_\_\_**

**Please note: There may be additional fees associated with dues, such as a security fee.**

WE CERTIFY THAT THE INFORMATION PROVIDED HERE IS TRUE AND CORRECT. WE GIVE ADAT ARI EL PERMISSION TO VERIFY ALL THE INFORMATION PROVIDED IN THE APPLICATION. WE FURTHER AGREE, AS A CONDITION TO RECEIVING ANY FINANCIAL AID, TO INFORM ADAT ARI EL OF ANY CHANGES IN THE FAMILY'S FINANCIAL SITUATION THAT MAY OCCUR DURING THE YEAR AHEAD.

\_\_\_\_\_  
Signature of Adult Completing this Form

\_\_\_\_\_  
Signature of 2nd Adult (Spouse, Partner, etc.)

\_\_\_\_\_  
Form Submittal Date

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**For Office Use Only**

Date Request Received: \_\_\_\_\_

Date Member Notified: \_\_\_\_\_

Past Due Amounts: \_\_\_\_\_

2014/15 Tuition Fees Assessed: \_\_\_\_\_

2014/15 Tuition Fees Assessed: \_\_\_\_\_

2014/15 Synagogue Dues Assessed: \_\_\_\_\_

2014/15 Synagogue Dues Assessed: \_\_\_\_\_