Congregation Kol Ami of Frederick Application for Financial Assistance		
Name(s)		Date
Address		
Phone	Email Address	
below: (Provide a br	cial assistance for July 1, through ief description of the assistance being re t of membership dues, religious school to	quested – e.g.,
2. Briefly describe the	e financial circumstances giving rise to y	our request for assistance.
3. I/We are able to pay the following towards our obligation:		
 I/We acknowledge and confirm the following: Financial support must be requested and approved on an annual basis. Any relief provided applies for this year only. Congregation Kol Ami's Financial Secretary will establish the level of payment relief, if any, provided to applicants. I/we acknowledge that financial assistance is a limited resource and agree to pay CKAF dues, tuition, and fees owed, minus any relief provided within the current membership year. I/we will communicate any changes in my/our financial situation that affect an agreed upon payment relief schedule to the Financial Secretary. Repeated failure to respond to the Financial Secretary's attempts to contact me/us about this application and/or account will result in my/our becoming a Member Not in Good Standing. 		
Signature(s)		
Return this form to:	Financial Vice President Congregation Kol Ami 4880 Elmer Derr Road Frederick, MD 21703	Financial Secretary Decision Currently Assessed • Dues: • Twition:
	ti, Financial Vice President, with any	 Tuition: Fees:
questions at financialsecretary@kolamifrederick.org		Support Decision:
This form must be submitted annually by November 1 st		