

# Knoxville Jewish Alliance

## POLICY FOR FEE ADJUSTMENT

The bylaws of the Knoxville Jewish Alliance (KJA) state our Mission as:

The mission of the Knoxville Jewish Alliance (KJA) is to serve the Jewish people locally, in Israel, and throughout the world. Through coordinated fundraising, community-wide programming, social services, educational, and other activities, the KJA seeks to:

- A. Build community;
- B. Provide assistance for those in need;
- C. Promote Jewish culture and identity;
- D. Develop effective Jewish leaders;
- E. Enhance community relations locally, regionally, nationally, and internationally;
- F. Operate and maintain the Arnstein Jewish Community Center (AJCC).

The KJA has a commitment to allowing all members of our community to attend our programs regardless of their ability to pay. However, the KJA does not have an unlimited source of revenue and therefore must make some priorities as to who will receive scholarship assistance. The following is a list of priorities:

1. Year-round members of the Arnstein Jewish Community Center (AJCC) and their families
2. Summer members of the AJCC and their families
3. Other individuals

The KJA will budget an amount for programmatic fee adjustments every year. Applications for fee adjustment assistance will be accepted as long as there is money to fund these adjustments. Fee adjustment requests are accepted two (2) times per year according to the following schedule:

March 1: Milton Collins Day Camp, Preschool at AJCC Summer Camp, and Preschool at AJCC Fall Term

October 15: AJCC Annual Membership and AJCC Preschool Spring Term

These deadlines will be strictly adhered to so that dollars available can be fairly distributed. Of course, emergency situations will be considered accordingly, budget permitting.

Please complete the attached form and worksheet. All fee adjustments are based on need. A committee formally reviews applications. The application and decision-making process will be confidential. This committee will make a decision on the amount of fee adjustment funds awarded based on predetermined financial criteria.

**\*Each page in this application must be filled out in its entirety to be considered**



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THE STRENGTH OF A PEOPLE.  
 THE POWER OF COMMUNITY.

## Fee Adjustment Request

Date \_\_\_\_\_

### Family Information

Applicant Name \_\_\_\_\_ Spouse/Significant Other \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State TN Zip \_\_\_\_\_

How many years at this address? \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Rent  Own Email \_\_\_\_\_

Applicant Employer \_\_\_\_\_ Applicant Occupation \_\_\_\_\_

Spouse/Other Employer \_\_\_\_\_ Spouse/Other Occupation \_\_\_\_\_

Congregational Affiliation \_\_\_\_\_

### List all others residing in the household

<u>Name</u>	<u>Birthdate</u>	<u>Relationship</u>	<u>Age</u>	<u>School/College</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**YOU MUST ATTACH** a copy of your most recent Federal Income Tax Return Form 1040. **No Fee Adjustment Request will be considered without it.**

**THIS REQUEST FOR ASSISTANCE MUST BE COMPLETED IN ITS ENTIRETY.** A partially completed request will not be considered.

I (We) hereby request special financial assistance due to circumstance which make full payment impossible.  
 I (We) affirm that the information presented on this request is accurate.  
 I (We) agree to comply with any agreements that I (we) make regarding this request.  
 I (We) agree to make the required payments according to the schedule agreed upon should a fee adjustment be granted.  
 I (We) understand that failure to comply with scheduled payments will result in collection action by the Knoxville Jewish Alliance and its collection agent.

\_\_\_\_\_  
 Applicant Signature Date Spouse/Other Signature Date

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**1. Salaries (after deductions) and/or net income from your business**

Use whichever column best applies to your income

<u>Family Member</u>	<u>Employer or Income Source</u>	<b>Weekly \$</b>	<b>Monthly \$</b>	<b>Annual \$</b>
_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____	\$ _____
	<b>1. Subtotal Income</b>	\$ _____	\$ _____	\$ _____
<b>2. Additional Income from overtime, bonuses, commissions, etc.</b>				
_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____	\$ _____
	<b>2. Subtotal Additional Income</b>	\$ _____	\$ _____	\$ _____
<b>3. Other Sources of Income</b>				
a. Alimony and Child Support Income		\$ _____	\$ _____	\$ _____
b. Unemployment/Worker's Compensation		\$ _____	\$ _____	\$ _____
c. Interest, Dividends, Rent, Annuities, Insurance, Investments		\$ _____	\$ _____	\$ _____
d. Social Security and/or Pension		\$ _____	\$ _____	\$ _____
e. Relatives/Other (Specify) _____		\$ _____	\$ _____	\$ _____
	<b>3. Subtotal Additional Income</b>	\$ _____	\$ _____	\$ _____
<b>TOTAL WEEKLY, MONTHLY, AND/OR ANNUAL INCOME</b>				
<i>Add 1, 2 &amp; 3)</i>				

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**4. Average monthly living expenses**

Rent or Mortgage	\$ _____	Autos (# of vehicles) _____	\$ _____
Homeowner's Taxes/Insurance	\$ _____	Car Note(s) Leases(s)	\$ _____
Insurances: Auto(s)	\$ _____	Gasoline	\$ _____
Life	\$ _____	Repair/Maintenance	\$ _____
Medical/Health/Dental/Eye	\$ _____	Charity	\$ _____
Food/Household Supplies	\$ _____	Barber/Beauty Shop	\$ _____
School Lunches	\$ _____	Education: (NET private school and college tuition paid) Out of pocket costs only. (NET is after scholarships or adjustments to gross costs)	\$ _____
Utilities: Electricity	\$ _____	Entertainment (include cable & satellite)	\$ _____
Water	\$ _____	Club/Union Dues	\$ _____
Gas	\$ _____	Synagogue/Church	\$ _____
Telephone/Cellular/Internet	\$ _____	Childcare/Babysitting	\$ _____
Out of pocket: Health-Doctor(s)	\$ _____	Alimony/Child Support (paid to others)	\$ _____
Dental/Eye	\$ _____	Maid/Housekeeping	\$ _____
Prescriptions	\$ _____	Dependent's Allowances	\$ _____
Other	\$ _____	Other (specify) _____	\$ _____
Clothing/Dry Cleaning	\$ _____	<b>TOTAL MONTHLY EXPENSES</b>	<b>\$ _____</b>

To the best of my knowledge, this is a true and accurate statement of income and expenses.

\_\_\_\_\_

Applicant Signature

\_\_\_\_\_

Date

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5. **Fee Adjustment Request Worksheet. This page must be completed.** Each column should be used to calculate each program and/or child independently. Total fees should reflect the program fees after any applicable discounts.

*Program	Program Begins	Program Ends	Total Program Fees	Fee Adjustment Request	**Family Payment Portion
_____	_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____	\$ _____
<b>TOTALS</b>			\$ _____	\$ _____	\$ _____

\*Program: Camp, ECP (Preschool), Annual Member or Summer Member

\*\*Family Payment Portion must equal the **Total Payment Proposed** in the requested payment schedule below

**Proposed Payment Schedule**

I request to make payments according to this proposed schedule:

Proposed Payment Dates	Payment Amount Requested
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
<b>**Total Payments Proposed</b>	\$ _____

<b>Fee Adjustment Committee Use Only</b>	
Approved Payment Schedule	
Approved Payment Dates	Approved Payment Amount
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
<b>Total Approved Payments</b>	\$ _____

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