

# Congregation Kol Ami of Frederick (CKAF)

## Application for Financial Assistance

Name(s) \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Phone (H) \_\_\_\_\_ (C) \_\_\_\_\_

1. Applicant(s) request financial assistance from Congregation Kol Ami of Frederick for the current year as set forth below: (Provide a brief description of the assistance being requested – e.g., deferred payment, reduction of fees)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Applicant(s) base this request upon the following: (Briefly describe the financial or other circumstances giving rise to the request for assistance.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Applicant(s) acknowledge and confirm the following:

- 1. It is the responsibility of each member to pay their fair share of the annual cost of operations of Congregation Kol Ami.
- 2. This application for financial assistance is consistent with the attached Congregation Kol Ami Financial Support Guidelines.
- 3. My/our payment to Congregation Kol Ami for the current fiscal year will equal or exceed my/our Fair Share Payment (as defined in the Guidelines).
- 4. I/we understand that the decision as to whether and to what extent to provide financial assistance is solely in the discretion of Congregation Kol Ami.

Applicant Name(s) \_\_\_\_\_

Signature(s) \_\_\_\_\_

Return this form to: Financial Secretary  
Congregation Kol Ami  
4880 Elmer Derr Road  
Frederick, MD 21703