2026 DUES REDUCTION 2027 APPLICATION

CONGREGATION KOL AMI
FOR ALL OUR PEOPLE

COMPLETE THIS FORM ON AN ANNUAL BASIS IF YOU ARE APPLYING FOR REDUCTION IN CONGREGATION KOL AMI DUES.

Congregation Kol Ami is a congregation for all our people, regardless of ability to afford synagogue membership dues. If you are in need of a reduced membership rate, please complete this form by June 22, 2026. We will respond to your request by July 10, 2026.Thank you for being a valued member of Congregation Kol Ami.

Please indicate in the box to the right, the total amount you are able to pay for dues and fees, then complete the rest of this form in its entirety.

Amount you can pay for DUES, SECURITY FEE, AND BUILDING FUND FEE this year	$

FOR OFFICE USE ONLY: Approved Tier Level _____

Please complete both sides of this application. The completed application and all requested documentation are due to Congregation Kol Ami on or before **Monday, June 22, 2026**.

PLEASE PROVIDE A BRIEF PERSONAL STATEMENT AND INDICATE ANY SPECIAL CIRCUMSTANCES THAT MAY AFFECT YOUR NEED FOR FINANCIAL ASSISTANCE AND HOW SUCH ASSISTANCE WOULD BENEFIT YOU AND YOUR FAMILY:

Please submit the completed form to Daniel Burman, Executive Director, at director@conkolami.org or 2425 E Heritage Way, Salt Lake City, UT 84109. **All information is kept strictly confidential.**

Please complete information on reverse side.

Section 1: APPLICANT DATA

Applicant Name (Print): _____ Age: _____ Choose one: ❑ Jewish ❑ Other

Street Address: _____

City: _____ State: _____ ZIP Code: _____

E-mail: _____ Phone Number: _____

Marital Status: ❑ Single ❑ Married ❑ Partnership ❑ Widowed ❑ Divorced ❑ Separated

Spouse / Partner Name (Print): _____ Age: _____ Choose one: ❑ Jewish ❑ Other

E-mail: _____ Phone Number: _____

Section 2: DEPENDENT DATA

Child's Name	Date of Birth	Age	Relationship	Incoming Grade 26–27	Requesting Scholarship?
1.					❑ Yes ❑ No
2.					❑ Yes ❑ No
3.					❑ Yes ❑ No
4.					❑ Yes ❑ No
5.					❑ Yes ❑ No
6.					❑ Yes ❑ No

Section 3: CURRENT FAMILY FINANCIAL INFORMATION

Section 3A: Applicant

Employer 1: _____

Position: _____

Years in Position: _____ Hours per Week: _____

Employer 2: _____

Position: _____

Years in Position: _____ Hours per Week: _____

Other Monthly Income Source(s): _____
(Military / Social Security / Allowances)

Section 3A1: Total Annual Gross Income: $ _____

Section 3A2: Total Net Monthly Income: $ _____

Section 3B: Spouse / Partner

Employer 1: _____

Position: _____

Years in Position: _____ Hours per Week: _____

Employer 2: _____

Position: _____

Years in Position: _____ Hours per Week: _____

Other Monthly Income Source(s): _____
(Military / Social Security / Allowances)

Section 3B1: Total Annual Gross Income: $ _____

Section 3B2: Total Net Monthly Income: $ _____

Section 3C: TOTAL FAMILY MONTHLY INCOME (Sections 3A2 plus 3B2) **$**_____

Section 3D: TOTAL FAMILY MONTHLY EXPENSES **$**_____

Section 3E: TOTAL NET FAMILY INCOME (Section 3C minus 3D) **$**_____

Section 4: ACCURACY

I hereby state that the information shown on this form and all supporting documentation is accurate. I agree to a notify Kol Ami immediately upon any change in circumstances.

Applicant Signature: _____ Date: _____