



Knoxville Jewish Alliance

POLICY FOR FEE ADJUSTMENT

The By Laws of the Knoxville Jewish Alliance (KJA) states our mission is:

To serve Jewish life by providing the democratic forum, the organizational structure, the physical home and the financial means to support and promote the cultural, social, intellectual and general welfare of the entire Jewish community of Knoxville and the Jewish community across the world.

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 three (3) times per year according to the following schedule:

April 15: Milton Collins Day Camp and Camp K'TonTon

July 15: AJCC Preschool fall term

November 15: AJCC Annual Membership and 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.

Please complete the 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.



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Fee Adjustment Request

Date _____

Family Information

Applicant Name _____ Spouse/Significant Other _____

Address _____ City _____ State _____ 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 MUST BE COMPLETED IN IT'S ENTIRITY. A partially completed request will not be considered.

I (We) hereby request special financial assistance due to circumstances 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 _____

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

Use whichever applies best to your income

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

4. Average monthly living expenses

Rent or Mortgage \$ _____

Homeowner's Taxes/Insurance \$ _____

Insurances: Auto(s) \$ _____

Life \$ _____

Medical/Health/Dental/Eye \$ _____

Food/Household Supplies \$ _____

School Lunches \$ _____

Utilities: Electricity \$ _____

Water \$ _____

Gas \$ _____

Telephone/Cellular/Internet \$ _____

Out of pocket: Health-Doctor(s) \$ _____

Dental/Eye \$ _____

Prescriptions \$ _____

Other \$ _____

Clothing/Dry Cleaning \$ _____

Autos (# of vehicles) _____ \$ _____

Car Note(s)/Lease(s) \$ _____

Gasoline \$ _____

Repair/Maintenance \$ _____

Charity \$ _____

Barber/Beauty Shop \$ _____

Education (NET private school tuition and college tuition paid) Out of pocket costs only (NET is after scholarships or adjustments to gross costs) \$ _____

Entertainment (include cable & satellite) \$ _____

Club/Union Dues \$ _____

Synagogue/Church \$ _____

Childcare/Babysitting \$ _____

Alimony/Child Support (paid to others) \$ _____

Maid/Housekeeping \$ _____

Dependent's Allowances \$ _____

Other (Specify) _____ \$ _____

TOTAL MONTHLY EXPENSES \$ _____

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

Applicant Signature

Date

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	Participant's Name	Program Begins	Program Ends	Total Program Fees	Fee Adjustment Request	**Family Payment Portion
_____	_____	_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	_____	_____	\$ _____	\$ _____	\$ _____
			TOTALS	\$ _____	\$ _____	\$ _____

*Program: Camp, Camp K'TonTon, Preschool, Annual Member, Summer Member or Swim Team.

**Family Payment Portion must equal the Total Payments Proposed in the Requested Payment Schedule below.

Proposed Payment Schedule

I request to make payments according to this proposed schedule:

Proposed Payment Dates <i>List each payment date requested and payment amount requested</i>	Payment Amount Requested
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
**Total Payments Proposed	\$ _____

must equal Total Family Payment Portion in the schedule above.

Fee Adjustment Committee Use Only

Approved Payment Schedule

Approved Payment Dates	Approved Payment Amount
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
Total Approved Payments	\$ _____