## APPLICATION FOR DUES AND/OR TUITION ADJUSTMENT TEMPLE SHIR SHALOM

3855 N.W. 8th Ave Gainesville, Florida 32605 Telephone: 352-371-6399

*** This form can be completed on your computer ***		
Name:	Occupation:	Place of Employment:
Spouse/Partner:	Occupation:	Place of Employment:
Address:		Phone #:
Children:		
Name (age)	Name (age)	Name (age)
Name (age)	Name (age)	Name (age)
tuition adjustment for	elow, please explain your r or the Temple year 2020-2 projects you could volunt	reasons for requesting a dues and/or religious school 21. Please be specific about what you can afford and what eer for.
name(s) and email your standard postal mail, ple Temple Shir S Attn: Financia 3855 N.W. 8t Gainesville, Fle The Temple Shir Shalom KEPT STRICTLY CONF	completed application to ease send it to: halom I Assistance Committee h Ave. orida 32605 Treasurer will review this	you choose to do that, instead of signing, just type your the Temple office (office@shirshalom.net). If you prefer application. ANY INFORMATION YOU PROVIDE WILL BE my questions or concerns, please contact Henry Luban,
Signature		Date
Adjustment Recommend	dation:	

Date

Temple Officer Signature