



Requests for special consideration must be made on an annual basis.

**This application is for fiscal year 2023-2024.**

Please include your name on this page only. This page will be shared only with the Executive Director and Director of Member Engagement and no one else.

The remainder of this document will be shared with the small, confidential group assessing these requests. They will not know who has submitted this form.

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Primary Address: \_\_\_\_\_

Secondary Address: \_\_\_\_\_

Telephone (Home): \_\_\_\_\_ Telephone (Cell): \_\_\_\_\_

Email: \_\_\_\_\_

I/We declare the information provided within is complete and accurate

Marital Status (please circle one): Single Married Widowed Separated Divorced

**Employment:**

Member 1:

Member 2 (if applicable):

Employer: \_\_\_\_\_

Employer: \_\_\_\_\_

Position/Title: \_\_\_\_\_

Position/Title: \_\_\_\_\_

If unemployed or retired, please indicate how long: \_\_\_\_\_

**Membership:**

Are you a current or prospective BHS member: \_\_\_\_\_

If current, how long have you been a BHS member: \_\_\_\_\_

Have you requested a rate adjustment in the past? Yes \_\_\_\_ No \_\_\_\_

Last year \_\_\_\_\_ or previous years? \_\_\_\_\_

**Family Information:**

Do you have children under 18 years of age? \_\_\_\_\_

Please provide your child(ren's) age, name of day school, grade they will enter in September

2022:

1. Day School: \_\_\_\_\_ Grade: \_\_\_\_\_ Age: \_\_\_\_\_
2. Day School: \_\_\_\_\_ Grade: \_\_\_\_\_ Age: \_\_\_\_\_
3. Day School: \_\_\_\_\_ Grade: \_\_\_\_\_ Age: \_\_\_\_\_
4. Day School: \_\_\_\_\_ Grade: \_\_\_\_\_ Age: \_\_\_\_\_

Is your child currently enrolled in our Pre-School or Religious School? (Please circle) Yes No

**Financial Information:**

**Income**

Please provide your household's:

Gross Annual Income: \_\_\_\_\_

Investment Income or Other Financial Support: \_\_\_\_\_ (please indicate source of other income)

**Expenses/Obligations**

Mortgage or Monthly Rent: \_\_\_\_\_

Other expenses (i.e.: student loans, tuition, extraordinary medical, alimony or child support, etc.)

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Please provide any additional income/expense information that impacts your ability to pay membership dues:

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What is the maximum amount that you can contribute towards membership?

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Please email (or mail to 131 Remsen Street) this form to [Lisa Kopel](#)