

HEBREW COLLEGE TEEN LEARNING PROGRAMS

Application for Financial Aid 2023-2024

This form should be completed by the student's/students' parent/legal guardian and returned to financialaid@hebrewcollege.edu or to Teen Learning, c/o Financial Aid Committee, 1860 Washington Street, Newton, MA 02466.

Should you apply for aid, not be awarded a sufficient amount, and choose to not enroll in a Teen Learning program (e.g., Prozdor Teen Open Circle or Teen Beit Midrash), you will not be responsible for any tuition or fees as long as Hebrew College is notified before the program has begun.

Student Name:	Grade level as of September 2023:
Student Name:	Grade level as of September 2023:
Student Name:	Grade level as of September 2023:
Home Address:	
Will student(s) receive outside scholarships or grants	to attend Hebrew College Teen Learning programs during 2023-24? Please list:
Source:	Amount:
	\$
	\$
Parent Information	
Legal Guardian 1	Legal Guardian 2
Name:	Name:
Address (If different from above):	Address (If different from above):
Email:	Email:
Cell Phone:	Cell Phone:
Occupation/Title:	Occupation/Title:
Employer:	Employer:
The legal guardians listed above are: Married _	Separated Divorced Widowed (if listing one guardian) (if listing one guardian)
Applicant(s) live with: Both	Guardian 1 Guardian 2 Other
Name of other dependent children and ages:	
Family Childcare or Tuition	

How many of your children will be attending full-time childcare or tuition-charging schools/colleges (including preschools) in 2023-24? Please list the full tuition price (before scholarships and grants) and the amount of that tuition you are paying (after scholarships and grants).

Child's Name	School	Tuition	Amount Paying After Aid
		\$	\$
		\$	\$
		\$	\$

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Financial Information

Thancial information	2022	Estimated 2023		
Gross salaries and wages for guardian 1:	\$	\$		
Gross salaries and wages for guardian 2:	\$	\$		
Taxable dividends and/or interest income from 1109 statement:	\$	\$		
Alimony received or estimated (does not include child support):	\$	\$		
Other taxable income:	\$	\$		
Child support received for all children:	\$	\$		
Social Security benefits for entire family:	\$	\$		
Total medical/dental expenses not reimbursed by insurance:	\$	\$		
Total paid for medical/dental insurance:	\$	\$		
Miscellaneous expenses:	\$	\$		
Describe the nature of miscellaneous expenses: (You are welcome to attach a letter describing your unique circumstances and/or extraordinary expenses.)				
Family Obligations Your costs of camps and lessons in 2023 (minus any scholarships):	\$			
Synagogue dues (include religious school tuition):	\$			
Financial obligations unique to your family:	\$			
(You are welcome to attach a letter describing your unique circums	tances and/or extraordina	ary expenses.)		
How much do you feel you can afford to pay for Hebrew Co each student? This Financial Aid Form is not complete if the student student student listed above: \$\\$\\$\$ is time to be a student stu		d.		
All financially responsible parties must sign here. We declare that the information reported on this form, to the best of our knowledge and belief, is true, correct, and complete. We recognize that intentionally providing false or inaccurate data may impact our ability to receive Hebrew College financial aid for this and future years.				
Legal Guardian Signature:	Date of signature:			
Legal Guardian Signature:	Date of signature:			