



המכללה העברית  
**HEBREW COLLEGE**  
 Teen Learning

**HEBREW COLLEGE TEEN LEARNING PROGRAMS**  
**Application for Financial Aid 2022–2023**

This form should be completed by the student's/students' parent/legal guardian and returned to [financialaid@hebrewcollege.edu](mailto:financialaid@hebrewcollege.edu) or to Teen Learning, c/o Financial Aid Committee, 160 Herrick Road, Newton Centre, MA 02459.

*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 2022: \_\_\_\_\_

Student Name: \_\_\_\_\_ Grade level as of September 2022: \_\_\_\_\_

Student Name: \_\_\_\_\_ Grade level as of September 2022: \_\_\_\_\_

Home Address: \_\_\_\_\_

Will student(s) receive outside scholarships or grants to attend Hebrew College Teen Learning programs during 2022-23? Please list source(s) and amount(s).

\_\_\_\_\_

\_\_\_\_\_

**Parent Information**

**Legal Guardian 1**

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

Address: \_\_\_\_\_  
(If different from above)

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

Cell Phone: \_\_\_\_\_

Occupation/Title: \_\_\_\_\_

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

The legal guardians listed above are: Married

Separated

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

Address: \_\_\_\_\_  
(If different from above)

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

Cell Phone: \_\_\_\_\_

Occupation/Title: \_\_\_\_\_

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

Divorced

(if listing one guardian)

Widowed

(if listing one guardian)

Applicant(s) live with: Both

Guardian 1

Guardian 2

Other

Name of other dependent children and ages: \_\_\_\_\_

**How many of your children will be attending full-time childcare or tuition-charging schools/colleges (including preschools) in 2022–2023? 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

	2021	Estimated 2022
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: <small>You are welcome to attach a letter describing your unique circumstances and/or extraordinary expenses.</small>	_____	

### Family Obligations

Your costs of camps and lessons in 2022 (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 circumstances and/or extraordinary expenses. \_\_\_\_\_

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**How much do you feel you can afford to pay for Hebrew College's tuition during the 2022–2023 academic year, for each student? *This Financial Aid Form is not complete if this question is omitted.***

**1<sup>st</sup> Student Listed Above:** \_\_\_\_\_      **2<sup>nd</sup> Student Listed Above:** \_\_\_\_\_      **3<sup>rd</sup> Student Listed Above:** \_\_\_\_\_

**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