



## Hebrew College’s 2025-2026 Application for Financial Aid

**If you do not require merit or need-based financial aid, please do not complete this form.**

Please contact our office if you would like to complete this form digitally and securely using DocuSign.

**If you are ONLY applying for Hebrew College fellowships and scholarships, NOT need-based aid,**  
COMPLETE PAGE 1 and SIGN PAGE 2 of this application.

**If you wish to be considered for need-based aid AND fellowships and scholarships,**  
COMPLETE BOTH PAGES and SIGN PAGE 2.

**Name** \_\_\_\_\_  
Legal Name: First Middle Last (Preferred name, if different)

**Social Security Number** \_\_\_\_\_ **Student ID** \_\_\_\_\_  
Required of new applicants only Continuing, matriculated students only

**Date of Birth** \_\_\_\_\_ **Email** \_\_\_\_\_  
Hebrew College email for current students

**Current Address** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Cell Phone** \_\_\_\_\_

**Citizenship**  U.S. citizen  Permanent U.S. resident  Other country \_\_\_\_\_ **Visa type:** \_\_\_\_\_

**I am**  Single  In a Relationship  Married  Divorced  Widow/er

**Partner/Spouse’s Name**  
(if they contribute to household income and help pay expenses) \_\_\_\_\_

**My Current or Most Recent Job Title/Position** \_\_\_\_\_

**My Employer** \_\_\_\_\_  
(Include city and state, and/or indicate if self-employed)

**Total Current Annual Income** \$ \_\_\_\_\_ **Dates of Employment** \_\_\_\_\_  
(Months and years)

### Select the Hebrew College degree/ordination program in which you are or will be enrolled

**Rabbinic Ordination Programs:**

- Master of Arts in Jewish Studies (**All new students**)
- Master of Jewish Education
- Rabbinic Ordination only (No master’s degree)

**Non-Ordination Master’s Programs:**

- Master of Jewish Education, Pardes Educator Program
- Master of Jewish Education
- Master of Arts in Jewish Studies

**Rav-Hazzan Ordination Program:**

- Master of Arts in Jewish Studies

**I plan to study in Israel during the following time** \_\_\_\_\_  
(Which semester or indicate if all year. Leave blank if not applicable or known.)

**Expected graduation year, if known** \_\_\_\_\_

**Only students applying for need-based aid should complete this section. ALL students MUST SIGN at the bottom.**

**Partner/Spouse's Current or Most Recent Job Title/Position** \_\_\_\_\_

(Include city and state of employer, and/or indicate if "self-employed")

**Partner/Spouse's Current Annual Income** \$ \_\_\_\_\_ **Dates of Employment** \_\_\_\_\_

(Months and years)

**Dependent Children** (Please list additional children on a separate sheet, if necessary)

Child's Name	Age	School/College Attending (and approximate tuition, if applicable)

Will you be receiving any financial support from family members?  Yes  No

Will you be receiving any financial support from other sources of any kind, including third-party scholarships?  Yes  No

Do you participate in a tuition assistance program at your place of employment?  Yes  No

If you answered yes to any of the above, please specify source(s) and expected amount(s) for 2025-2026:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Do you own or rent your residence?**  Own  Rent **Monthly mortgage/rental payment** \$ \_\_\_\_\_

How much do you currently have in your checking and/or savings accounts? \$ \_\_\_\_\_

Total value of your investments (e.g., stocks, bonds, & non-retirement funds)? \$ \_\_\_\_\_

Amount of your current student loan debt, if any (including undergraduate) \$ \_\_\_\_\_

**Are you planning to work during the school year? If so, please describe the anticipated work and income:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Signature: I hereby certify that the information given above is complete and accurate:**

**Signature of applicant** \_\_\_\_\_

**Date** \_\_\_\_\_

Please attach pages if you wish to supply additional information and review the form to make sure you have answered all questions.

### How to submit your Hebrew College financial aid application:

- Please contact our office if you would like to complete this form digitally using DocuSign.
- **Mail:** Hebrew College Financial Aid Office, 1860 Washington Street, Newton, MA 02466
- **Email:** Send a scanned/photographed copy to [financialaid@hebrewcollege.edu](mailto:financialaid@hebrewcollege.edu). For security purposes, please use your Hebrew College email address, if you have one, to send financial aid-related communications.
- If you do not receive confirmation that your completed form has been received within two business days, please follow up with the Financial Aid Office directly.