

Hebrew College’s 2026-2027 Application for Financial Aid for Prospective Students

How to submit this application:

- **Please contact our office if you would like to complete this form digitally using Docusign for increased security.**
- **Mail or drop off:** Hebrew College Financial Aid Office (in the Administrative Services Suite on the first floor by the elevator), 1860 Washington Street, Newton, MA 02466.
- **Email:** Send a scanned/photographed copy to financialaid@hebrewcollege.edu.

Name _____
(Legal) First Middle initial Last (Preferred name, if different)

Preferred Pronouns (optional) _____ **Date of Birth** _____

Social Security Number _____ **Email** _____
(Only enter if using Docusign)

Address _____ **Cell Phone** _____

City _____ **State** _____ **Zip** _____ **Country** _____

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

Select the Hebrew College degree/ordination program to which you are applying

Rabbinic Ordination Programs:	Non-Ordination Master’s Programs:
<input type="checkbox"/> Master of Arts in Jewish Studies <input type="checkbox"/> Rabbinic Ordination only (no master’s degree)	<input type="checkbox"/> Master of Arts in Jewish Studies <input type="checkbox"/> Master of Jewish Education
Dual Degree:	
<input type="checkbox"/> Master of Jewish Education & Jewish Studies with Rabbinic Ordination	

Current financial profile

My Current or Most Recent Job Title/Position _____

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

Total Current Annual Income \$ _____ **Date Employment Began** _____
(Month and year)

I am Single Living with a partner Divorced Widowed

Partner/Spouse’s Name (If applicable, and if they contribute to household income and help pay expenses) _____

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 \$ _____

Date Employment Began _____

(Month and year)

Dependent Children/Family (Please list additional members on a separate sheet, if necessary)

Age	Daycare/School/College Attending (please include approximate annual tuition, if applicable)

Will you receive any financial support from family members during your studies? Yes No

Will you receive 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 2026-2027

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

Amount you currently have in checking and/or savings account(s) \$ _____

Total value of any investments (e.g., stocks, bonds, & non-retirement funds) \$ _____

Amount of any current student loan debt (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

If there is additional information you wish to convey confidentially about your financial situation, please include it in an email to the address below, or attach a PDF of a typed statement to your application. **Please review the form to make sure you have answered all relevant questions.**

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- **Email:** Send a scanned/photographed copy to financialaid@hebrewcollege.edu.
- If you do not receive confirmation that your completed form has been received within three-to-five business days, please follow up with Mia Tavan in the Financial Aid Office directly.