



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

### Complete this form if you are a returning student who:

- Has a fellowship ending and needs financial assistance for 2026-2027.
- Currently receives a one-year, need-based award and is requesting it again for 2026-2027.

### 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 by the first-floor elevator), 1860 Washington Street, Newton, MA 02466.
- **Email:** Send a scanned/photographed copy to [financialaid@hebrewcollege.edu](mailto: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 the Financial Aid Office directly.

Name \_\_\_\_\_ Student ID \_\_\_\_\_  
(Legal) First Middle initial Last (Preferred name, if different)

Cell Phone \_\_\_\_\_ Hebrew College Email \_\_\_\_\_

Current Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Citizenship  U.S. citizen  Permanent U.S. resident  Other country \_\_\_\_\_ Preferred Pronouns (optional) \_\_\_\_\_

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

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

**Dual Degree:**  
 Master of Jewish Education & Jewish Studies with Rabbinic Ordination

I plan to study in Israel this year \_\_\_\_\_  
(Please note which semester or indicate if all year. Leave blank if not applicable or known.)

Expected graduation year 20\_\_\_\_

### Current financial profile

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

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

Total Current Annual Income \$ \_\_\_\_\_ Date Employment Began/Ended \_\_\_\_\_  
(Months and years)

I am  Single  Living with a partner  Divorced  Widowed

Partner/Spouse's Name (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**

**Please review the form to make sure you have answered all relevant questions.**

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