Financial Aid Office
financialaid@hebrewcollege.edu
Office hours: Mon–Thurs: 9 a.m.–5 p.m.; Fri 9 a.m.–1 p.m. EST
Closed weekends, all legal holidays, and Jewish holidays

Hebrew College's 2027-2028 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 Deanna Furey, Financial Aid Coordinator, at dfurey@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:**
☐ Master of Arts in Jewish Studies (ALL new ordination students)	☐ Master of Arts in Jewish Studies
☐ Master of Jewish Education & Jewish Studies with Rabbinic Ordination (dual master's degree)	☐ Master of Jewish Education
☐ Rabbinic Ordination only*	

**Students not enrolled in a master's program will not be eligible for federal student loans.*

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 ☐ Divorce ☐ Widower

Partner/Spouse's Name (If applicable, and if they contribute to household income) _____

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 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.

- If you do not receive confirmation that your completed form has been received within three-to-five business days, please follow up with Deanna Furey at dfurey@hebrewcollege.edu.