

Financial Aid Office

financialaid@hebrewcollege.edu

Office hours: Mon–Thurs: 9 a.m.–5 p.m.; Fri 9 a.m.–Noon EST

Closed weekends, all legal holidays, and Jewish holidays

HEBREW COLLEGE TEEN LEARNING PROGRAMS

Application for Financial Aid 2025-2026

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

This form should be completed by the student’s parent/legal guardian and returned to financialaid@hebrewcollege.edu or to Hebrew College, Financial Aid Office, 1860 Washington Street, Newton, MA 02466.

*Should you apply for aid, not be awarded a sufficient amount, and therefore 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 2025: _____

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Address: _____

Will student(s) receive outside scholarships/grants to attend our Teen Learning programs during 2025-26? If so, please list:

Source:	Amount:
_____	\$ _____
_____	\$ _____
_____	_____

Parent Information

Legal Guardian 1	Legal Guardian 2
Name: _____	Name: _____
Address (if different from above): _____	Address (if different from above): _____
Email: _____	Email: _____
Cell Phone: _____	Cell Phone: _____
Occupation/Title: _____	Occupation/Title: _____
Employer: _____	Employer: _____

The legal guardian(s) listed above is/are: Married ___ Separated ___ Divorced ___ Widowed ___
(if listing one guardian) (if listing one guardian)

Applicant(s) live with: Both ___ Guardian 1 ___ Guardian 2 ___ Other ___

Name of other dependent children and ages: _____

Family Childcare or Tuition

If any of your children will be attending full-time childcare or tuition-charging schools/colleges (including preschools) in 2025-26, 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
		\$	\$
		\$	\$
		\$	\$

Financial Information

	2024	Estimated 2025
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: <i>(You are welcome to attach a letter describing your unique circumstances/ extraordinary expenses.)</i>		

Family Obligations

Your costs of camps and lessons in 2025 (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/ extraordinary expenses.)

How much do you feel you can afford to pay for Hebrew College’s Teen Learning program tuition during the 2025–26 academic year, for each student? *This financial aid form is not complete if this question is not completed.*

1st Student listed above: \$ _____ 2nd Student listed above: \$ _____ 3rd 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: _____

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.
- 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.