

## Gesher LaTorah Financial Aid Application 2022/23 Paper

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**Student's Name: \***

First

Last

**Email**

**Phone \***

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**Student's Age: \***

**Student's Address: \***

Street Address

Address Line 2

City

State / Province / Region

Postal / Zip Code

Country

**Parent #1's Name or N/A: \***

**Parent #1's Cell Phone or N/A: \***

**Parent #1's Address or Same or N/A: \***

**Is Parent #1 Currently Employed? \***

- Yes
- No
- N/A

**Is Parent #1 Currently Employed?**

- Full Time
- Part Time

**Parent #1's Occupation or N/A: \***

**Parent #1's Work # or N/A: \***

**Name and Address of Employer or N/A: \***

**Parent #2's Name or N/A: \***

**Parent #2's Cell Phone or N/A: \***

**Parent #2's Address or Same or N/A: \***

**Is Parent #2 Currently Employed? \***

- Yes
- No
- N/A

**Is Parent #2 Currently Employed? \***

- Full time
- Part Time

**Parent #2's Occupation or N/A: \***

**Name and Address of Employer or N/A: \***

**Parent #2's Work # or N/A: \***

**Amount of Financial Aid You are Requesting: \***

\$  .

Dollars                      Cents

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The following information must be included for each child:  
Name of child  
Age  
Living with family?(yes or no)  
Name of school to be attended in 2022/23  
Tuition and fees you will be paying  
Anticipated scholarship amount you expect to receive  
PLEASE ANSWER EACH QUESTION ON A SEPARATE LINE

**How many dependent children do you have (including student)? \***

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Parents' Annual Income and Expenses

**Parent #1's Taxable Income (if N/A please enter 0): \***

\$  .   
Dollars Cents

**Parent #2's Taxable Income (if N/A please enter 0): \***

\$  .   
Dollars Cents

**Dividend Income (if N/A please enter 0): \***

\$  .   
Dollars Cents

**Interest Income (if N/A please enter 0): \***

\$  .   
Dollars Cents

**Rental Income - real estate, borders (if N/A please enter 0): \***

\$  .   
Dollars Cents

**Other Taxable Income (if N/A please enter 0): \***

\$  .   
Dollars Cents

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Nontaxable Income

**SSI (if N/A then enter 0) \***

\$  .   
Dollars Cents

**JFS (if N/A then enter 0) \***

\$  .   
Dollars Cents

**Other nontaxable income (if N/A then enter 0) \***

\$  .   
Dollars Cents

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Expenses

**Monthly mortgage/rent payment (if N/A then enter 0) \***

\$  .   
Dollars Cents

**Medical and dental expenses not covered by insurance (if N/A then enter 0) \***

\$  .   
Dollars Cents

**Health insurance premiums if not paid by employer (if N/A then enter 0) \***

\$  .   
Dollars Cents

**Special education costs not paid by school system (e.g. tutors) (if N/A then enter 0) \***

\$  .   
Dollars Cents

**Monthly automobile payment (if N/A then enter 0) \***

\$  .   
Dollars Cents

**Other IRS itemized deductions(if N/A then enter 0) \***

\$  .   
Dollars Cents

**Federal and State Income Tax Paid (if N/A then enter 0) \***

\$  .   
Dollars Cents

**Other unusual expenses (if N/A then enter 0) \***

\$  .   
Dollars Cents

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Parent's Assets and Debts

**Do you Own or in the process of purchasing a home? \***

Yes  No

**Other real estate investments (if N/A then enter 0) \***

\$  .   
Dollars Cents

**Other investments - stocks, bonds and other securities) (if N/A then enter 0) \***

\$  .   
Dollars Cents

**Total value of cash savings, checking and retirement accounts (if N/A then enter 0) \***

\$  .   
Dollars Cents

**Describe the year and model of your automobile(s) or N/A: \***

**Do you own a business? \***

Yes  No

**Do you have other outstanding debt? \***

Yes  No

**Please provide any other information you feel will be helpful to the financial aid committee:**

**Please attach your 2021 US Income Tax Returns. PLEASE BE SURE TO INCLUDE ALL SCHEDULES REQUIRED. If you own a business, in whole or in part, please attach all relevant tax forms as well. \***

Select Files

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### Certification and Authorization

We declare that the responses to the above questions which we have provided Gesher LaTorah are true, correct and complete. We agree that to verify the information reported a copy of our 2019 U.S. Income Tax return is attached. We further agree to provide, if requested, any other ethical documentation necessary to verify the information reported.

**Draw your signature into the box below. (Parent/Guardian 1) \***

Draw or [Type](#)

I understand this is a legal representation of my signature.

[Clear](#)

**Date \***

/  /  

MM DD YYYY

**Draw your signature into the box below. (Parent/Guardian 2 or N/A) \***

Draw or [Type](#)

I understand this is a legal representation of my signature.

[Clear](#)

**Date \***

/  /  

MM DD YYYY

Submit

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