

Gesher LaTorah Financial Aid Application 2023/24 Paper

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: *

Do you get Self-Directive funding? *

- Yes
- No

Amount of Financial Aid You are Requesting: *

\$.

Dollars Cents

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 2023/24

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)? *

Parents' Annual Income and Expenses

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

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Dollars Cents

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

\$.
Dollars Cents

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

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Dollars Cents

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

\$.
Dollars Cents

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

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Dollars Cents

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

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Dollars Cents

Nontaxable Income

SSI (if N/A then enter 0) *

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Dollars Cents

JFS (if N/A then enter 0) *

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Dollars Cents

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

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Dollars Cents

Expenses

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

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Dollars Cents

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

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Dollars Cents

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

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Dollars Cents

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

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Dollars Cents

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

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Dollars Cents

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

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Dollars Cents

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

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Dollars Cents

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

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Dollars Cents

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) *

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Dollars Cents

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

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Dollars Cents

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

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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 2022 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. *

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 2022 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