Financial Aid Office of the NER ISRAEL RABBINICAL COLLEGE

Date	 	

400 Mount Wilson Lane Baltimore MD 21208 Direct Line: 443-548-6055 Private Fax: 410-486-7178 E-mail: finaid@nirc.edu

APPLICATION FOR FINANCIAL ASSISTANCE

Anyone wishing to be considered for a scholarship or reduction in tuition must complete this form. All questions should
be answered using the currency in which they were paid or received. Please note if currency is not US\$.

					-
Student's Name(s)	 :	First		First	First
AddressNun	nber and stree	t	City	State Zip	Country
Is/Are students(s) a Unite	d States ci	tizen(s) or resident(s)?		If not, what is the visa status	?
Does/Do student(s) live w	ith both p	arents? If no	ot, please	explain	
Does/ Do students(s) have	e a bachelo	or's degree?	If Y	es, from which institution?	
Name of Father or Guardi	ian	Age	Nam	e of Mother or Guardian	Age
Home address			Hom	e address	
Job description/title			Job	description/title	
Employer's name			Emp	oloyer's name	
Email:		Cell	Emai	1:	Cell
Please list <u>unmarried</u> child Name (List students(s) first)	dren in fan	School or occupation- 2024-	-2025	Amount paid by parents in 2024 - 25 for tuition (note	School or occupation 2025-2026 (wth estimated tuition that parents will be
(List students(s) hist)				if includes room and board)	paying)

All questions refer to the	e parents unless otherwise noted.						
Year of most recent In	come Tax return (or foreign equivalent)	If not 2024, when will 2024 be filed?					
Adjusted Gross Incom	e {or foreign equivalent}(Form 1040 line 11)						
US {or Foreign}Incor	ne tax paid (Form 1040 line 22)						
State and local income	State and local income taxes paid (From state and local tax return)						
Real Estate taxes paid							
Self Employment tax	paid (Form 1040 Schedule 2 line 4)						
Total income earned from work by father in 2024 (not including parsonage)							
Total income earned from work by mother in 2024							
Parsonage earned in 2024 not subject to Income Tax							
Tuition paid for your	children by your employer not included in taxable i	ncome					
Untaxed income and b	enefits not included above						
Medical and Dental ex	spenses not paid by insurance in 2024						
Expected taxed and ur	ntaxed 2025 income						
Student's 2024 income	e						
Cash, savings and che	cking accounts						
Do you own your own	home? YES or NO	If No, what is your monthly rent?					
If Yes:	What is its worth?	How much is owed on it?					
	When was it purchased?	What was the purchase price?					
	What is your monthly principal and interest payme	nt?					
Net worth of other rea	l estate and investments as of today						
Business value							
Student's savings and	investments						
Please explain any uni elaborate on a separate		bility to contribute towards your son's education. Please feel free to					
•	,						
	t of our knowledge the information reported is co inancial status. We agree to send the school a copy	uition, room and board charges. We have checked this form for omission implete and correct. We agree to inform the Financial Aid Office of any of any supporting documentation, including our 2024 federal income					
Signatures of all paren	ts or guardians:						
		DATE					