

**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) _____
Last First First First

Address _____
Number and street City State Zip Country

Is/Are students(s) a United States citizen(s) or resident(s)? _____ If not, what is the visa status? _____

Does/Do student(s) live with both parents? _____ If not, please explain _____

Does/ Do students(s) have a bachelor's degree? _____ If Yes, from which institution? _____

Name of Father or Guardian _____ Age _____ Name of Mother or Guardian _____ Age _____

Home address _____ Home address _____

Job description/title _____ Job description/title _____

Employer's name _____ Employer's name _____

email: _____ Cell _____ email: _____ Cell _____

Please list unmarried children in family

Name (List students(s) first)	Age	School or occupation- 2018-19	Amount paid by parents in 2018 - 19 for tuition (note if includes room and board)	School or occupation-2019-2020 (with estimated tuition that parents will be paying)

All questions refer to the parents unless otherwise noted.

Year of most recent Income Tax return (or foreign equivalent) _____ If not 2018, when will 2018 be filed? _____

Adjusted Gross Income (or foreign equivalent) (Form 1040 line 7) _____

US (or Foreign) **Income** tax paid (Form 1040 line 11) _____

State and local income taxes paid (From state and local tax return) _____

Real Estate taxes paid _____

Self Employment tax paid (Form 1040 Schedule 4 line 57) _____

Total income earned from work by father in 2018 (not including parsonage) _____

Total income earned from work by mother in 2018 _____

Parsonage earned in 2018 not subject to Income Tax _____

Tuition paid for your children by your employer not included in taxable income _____

Untaxed income and benefits not included above _____

Medical and Dental expenses not paid by insurance in 2018 _____

Expected taxed and untaxed 2019 income _____

Student's 2018 income _____

Cash, savings and checking 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 payment? _____

Net worth of other real estate and investments as of today _____

Business value _____

Student's savings and investments _____

Please explain any unusual circumstances that you feel will affect your ability to contribute towards your son's education. Please feel free to elaborate on a separate sheet if necessary.

We feel that we are able to afford \$ _____ towards our son's tuition, room and board charges. We have checked this form for omission and errors. To the best of our knowledge the information reported is complete and correct. We agree to inform the Financial Aid Office of any major changes in our financial status. We agree to send the school a copy of any supporting documentation, including our 2018 federal income tax return if requested.

Signatures of all parents or guardians:

DATE

DATE