



HEBREW THEOLOGICAL COLLEGE

A MEMBER OF TOURO UNIVERSITY

7135 North Carpenter Road
 Skokie, Illinois 60077
 Phone: (847) 982-2500 Fax: (847) 674-6381
www.htc.edu

HTC DISCRETIONARY GRANT APPLICATION FORM

DATE: _____

A. STUDENT INFORMATION:

Student Name _____ Touro ID # _____ SS#:XXX-XX-_____

Address _____ City _____ State _____ Zip Code _____

Home Phone _____ Cell Phone _____ Email _____

Student Current Marital Status: Single Married Separated Divorced Widowed

B. PARENT EMPLOYMENT INFORMATION:

- Father's Occupation & Employer: _____
- Mother's Occupation & Employer: _____
- What is your combined adjusted gross income for the past filing year? _____
- Is parsonage offered by either employer? Yes No
- How much is your household total parsonage benefit? \$ _____

C. FAMILY INFORMATION:

- Total number of people residing in your household: _____
- Do you own or rent your home? Own Rent
- Monthly rent/mortgage \$ _____ Assessment \$ _____
- If you pay real estate taxes separately how much do you pay yearly? \$ _____
- What is the current value of the parents savings and investments? \$ _____
- What is the current value of the students savings and investments? \$ _____
- Do you have car payments? Yes No
If so, how much is your monthly payment? \$ _____
- Do you own a home besides the one you reside in during the year? Yes No
- Are you the primary care giver of elderly parents/grandparents? Yes No
- Does the student or parents receive social security benefits? Yes No
If so, how much? \$ _____
- Does the student or parents receive public assistance? Yes No
If so, how much? \$ _____

D. ADDITIONAL FAMILY INFORMATION:

- Please list each school, tuition paid after scholarship and names of children attending K-12.

SCHOOL	TUITION PAID AFTER SCHOLARSHIP	NAMES & AGES OF DEPENDENTS

- Please list each dependent that is post high school, which yeshiva/college/program they are attending and the tuition you are paying.

YESHIVA/COLLEGE/PROGRAM	TUITION PAID AFTER SCHOLARSHIP	NAMES & AGES OF DEPENDENTS

- If someone other than you is paying tuition obligations for any of your dependents, please list each school, dependent’s name and amount.

SCHOOL	TUITION BEING PAID ON YOUR BEHALF	NAMES & AGES OF DEPENDENTS

- Please list any dependents that you are supporting in kollel and the amount you are providing each month.

NAMES & AGES OF DEPENDENTS	TOTAL PROVIDED BY YOU

E.SPECIAL CIRCUMSTANCES:

Briefly describe any special circumstances you feel should be brought to the attention of the scholarship committee. If additional space is needed please attach another sheet of paper or use the back of this form.

ALL STUDENTS THAT ARE SUBMITTING A DISCRETIONARY GRANT APPLICATION MUST HAVE ALREADY SUBMITTED A FAFSA FOR THE SCHOOL YEAR THEY ARE REGISTERING FOR IN ORDER TO BE CONSIDERED.

I certify that the information in this application is accurate. I understand that the tuition committee reserves the right to verify all the information I have provided. I authorize the Office of Financial Aid to release information regarding my financial aid to the tuition committee.

Student Signature

Date

Parent Signature

Date

Please return this form to:

**Hebrew Theological College
Financial Aid Office
7135 N. Carpenter Road
Skokie, IL 60077
OR
Email: clair@htc.edu**