

**CENTER FOR JEWISH EDUCATION  
GESHER LATORAH**

**Financial Aid Form  
2018/19**

Please send this completed and signed form to:  
**GESHER LATORAH - Financial Aid Committee**  
CENTER FOR JEWISH EDUCATION  
5800 Park Heights Avenue  
Baltimore, Maryland 21215

**Include a copy of your complete 2017 Federal Income Tax form 1040 with all schedules.**

All financial information will be maintained in strict confidence.

Student's Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Occupation: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Business name and address  
\_\_\_\_\_

Are you currently employed?  Yes  No  Full time  Part time

Mother's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Occupation: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Business name and address  
\_\_\_\_\_

Are you currently employed?  Yes  No  Full time  Part time

Amount of financial aid you are requesting \$ \_\_\_\_\_

**OTHER CHILDREN:**

Name	Age	Living with family?	Name of school to be attended in 2018-2019	Tuition and fees you will be paying	Scholarship(s) granted (amount)

**PARENTS' ANNUAL INCOME AND EXPENSES:**

**I Income**

A. Taxable Income

1. Father

1. \_\_\_\_\_

2. Mother

2. \_\_\_\_\_

B. Dividends

B. \_\_\_\_\_

C. Interest Income

C. \_\_\_\_\_

D. Other Income

D. \_\_\_\_\_

1. Rental income (e.g. boarders, apartment)

1. \_\_\_\_\_

2. Other taxable income

2. \_\_\_\_\_

E. Nontaxable Income

1. Social Security

1. \_\_\_\_\_

2. SSI

2. \_\_\_\_\_

3. JFS (what is it used for?)

3. \_\_\_\_\_

4. Other nontaxable income

4. \_\_\_\_\_

**II Expenses**

A. Monthly mortgage/Rent payment

1. \_\_\_\_\_

B. Medical and dental expenses not covered by insurance

2. \_\_\_\_\_

C. Health insurance premiums if not paid by employer

3. \_\_\_\_\_

D. Special education costs not paid by school system (e.g. tutors)

4. \_\_\_\_\_

E. Automobile payment

5. \_\_\_\_\_

F. Other IRS itemized deductions

6. \_\_\_\_\_

G. Federal and state income tax paid

7. \_\_\_\_\_

H. Other unusual expenses (please explain in detail with amounts) 8. \_\_\_\_\_

**III Parents' Assets and Debts**

A. Home if owned or being purchased

1. Estimate of present market value 1. \_\_\_\_\_

2. Unpaid mortgage/loan principal 2. \_\_\_\_\_

3. Year purchased 3. \_\_\_\_\_

4. Purchase price 4. \_\_\_\_\_

B. Other real estate investments B. \_\_\_\_\_

C. Other investments (stocks, bonds and other securities) C. \_\_\_\_\_

D. Cash, savings, checking and retirement accounts D. \_\_\_\_\_

E. Automobile(s) owned or being purchased E. \_\_\_\_\_

F. Business if owned

1. Total assets of business 1. \_\_\_\_\_

2. Total indebtedness of business 2. \_\_\_\_\_

3. Percent of ownership of business 3. \_\_\_\_\_

G. Other debts outstanding

1. Amount 1. \_\_\_\_\_

2. Monthly payments 2. \_\_\_\_\_

Other information which will be helpful to the financial aid committee \_\_\_\_\_

**TAX FORMS**

Please attach a copy of your 2017 U.S. Income Tax return - **all available schedules are required**

If you own a business, in whole or in part, please attach copies of all relevant tax forms.

**CERTIFICATION AND AUTHORIZATION**

We declare that the responses to the above questions which we have provided Geshher LaTorah are true, correct and complete. We agree that to verify the information reported a copy of our 2017 U.S. Income Tax return is attached. We further agree to provide, if requested, any other ethical documentation necessary to verify the information reported.

Signature of both parents or guardians

\_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_ Date \_\_\_\_\_