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Last name:

First name:

M.I.:

JTS School/degree:

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**JTS** / ALBERT A. LIST COLLEGE  
OF JEWISH STUDIES

# 2023–2024 List College Application for Financial Aid for Current Students

(for the academic year September 2023–May 2024)

**APPLICATION DEADLINE: MARCH 1, 2023**

LATE APPLICATIONS WILL NOT BE ACCEPTED

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## THE FOLLOWING MATERIALS MUST BE RECEIVED BY MARCH 1, 2023:

JTS APPLICATION (this application)

FAFSA (to be completed at <https://studentaid.gov/h/apply-for-aid/fafsa>)  
(International students do not complete the FAFSA)

REQUIRED 2021 TAX DOCUMENTS (tax returns must include all pages and be signed)

your 2021 U.S. or foreign tax return

your parents' 2021 U.S. or foreign tax return

If you are selected for Verification, we will request additional information from you.

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## SUBMITTING YOUR APPLICATION

We will accept mailed, faxed, or hand-delivered applications. Send materials to:

### Office of Financial Aid

The Jewish Theological Seminary

3080 Broadway, New York, NY 10027-4649

Fax: (917) 493-4112

**NOTE:** We will not accept emailed application materials unless they are sent directly from a student's JTS email account.

### Questions?

Contact us at [financialaid@jtsa.edu](mailto:financialaid@jtsa.edu) or (212) 678-8007.

**PERSONAL INFORMATION**

Last name: \_\_\_\_\_ First name: \_\_\_\_\_ M.I.: \_\_\_\_\_

Date of birth (mm-dd-yy): \_\_\_\_\_

Social security number: \_\_\_\_\_

Permanent address: \_\_\_\_\_

City: \_\_\_\_\_ State/Prov.: \_\_\_\_\_ ZIP/Postal code: \_\_\_\_\_

Home phone: (        )                      Cell phone: (        )

Email address: \_\_\_\_\_

Marital Status:       Single       Married/Partnered       Engaged      If engaged, give expected date of marriage: \_\_\_\_\_

Are you a U.S. citizen?       Yes       No      If not, are you a Permanent Resident?       Yes       No

IF A PERMANENT RESIDENT, PLEASE PROVIDE A PHOTOCOPY OF YOUR ALIEN REGISTRATION (GREEN) CARD!

**ENROLLMENT INFORMATION**

In the 2023–2024 academic year what program will you be in?       Joint Program/Columbia       Double Degree/Barnard

Year in JTS school beginning September 2023:       1st year       2nd year       3rd year       4th year       5th year

Indicate the number of credits for which you will register each semester.

at JTS:    Fall:                      Spring:                      at Columbia/Barnard:    Fall:                      Spring:

In the 2023–2024 academic year, do you plan to live in JTS housing?       Yes       No

**HOUSEHOLD INFORMATION** List all people “in your parents’ household” that you included in your FAFSA’s Parent Household Info section.

Name	Relationship to student	Age	Attending college in 2023–24?	College name (if attending in 2023-24)	Year in school (in 2023-24)
	Self		<input type="checkbox"/> Y <input type="checkbox"/> N		
			<input type="checkbox"/> Y <input type="checkbox"/> N		
			<input type="checkbox"/> Y <input type="checkbox"/> N		
			<input type="checkbox"/> Y <input type="checkbox"/> N		
			<input type="checkbox"/> Y <input type="checkbox"/> N		

**STUDENT’S FINANCIAL INFORMATION**

Do you plan to work at Camp Ramah during Summer 2023?       Yes       No

Do you have a trust fund?       Yes       No      If Yes, indicate net worth: \$ \_\_\_\_\_

**INTERNATIONAL STUDENTS** complete this additional section *PLEASE CONVERT TO U.S. DOLLARS*



What is the total value of your assets (including bank accounts, investments, real estate)? \$ \_\_\_\_\_

**PARENT INFORMATION** (To be completed by custodial parent(s))

1) How much do parents plan to contribute to the student's education for the 2023-2024 academic year? \$ \_\_\_\_\_

<input type="checkbox"/> Parent 1 <input type="checkbox"/> Legal guardian Name: _____ Age: _____ Email address: _____ <input type="checkbox"/> Self-employed <input type="checkbox"/> Unemployed Date last employed: _____ Occupation: _____ Employer: _____ No. years: _____	<input type="checkbox"/> Parent 2 <input type="checkbox"/> Legal guardian Name: _____ Age: _____ Email address: _____ <input type="checkbox"/> Self-employed <input type="checkbox"/> Unemployed Date last employed: _____ Occupation: _____ Employer: _____ No. years: _____
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2) Parent Income and Asset Information:

a. Parent(s)' monthly home mortgage/rental payment: \_\_\_\_\_  
 \$ \_\_\_\_\_

b. Home: Current home value: \_\_\_\_\_ Year purchased: \_\_\_\_\_  
 \$ \_\_\_\_\_  
 Current home debt: \_\_\_\_\_ Purchase price: \_\_\_\_\_  
 \$ \_\_\_\_\_ \$ \_\_\_\_\_

c. Parsonage (annual amount): \_\_\_\_\_  
 \$ \_\_\_\_\_

**INTERNATIONAL PARENTS** complete this additional section *PLEASE CONVERT TO U.S. DOLLARS* 

Balance in all checking and savings accounts: \_\_\_\_\_  
 \$ \_\_\_\_\_

Investments:	Total investment value: (stocks, bonds, CDs, etc.) \$ _____	Total real estate value: (not including primary residence) \$ _____
	Total investment debt: \$ _____	Total real estate debt: \$ _____
Business:	Current business value: (include all businesses) \$ _____	Current business debt: \$ _____

3) Parent expected year income (for 2023):

Parent 1 earnings: \$ _____	Other taxable income: \$ _____
Parent 2 earnings: \$ _____	Untaxed income and benefits: \$ _____

4) Medical Expenses: Medical and dental expenses not covered by insurance: in 2022: \$ \_\_\_\_\_ expected in 2023: \$ \_\_\_\_\_

5) Divorced or Separated Parents: (The non-custodial parent must submit a copy of his/her 2021 U.S. tax return or foreign tax return.)

Other parent's name: \_\_\_\_\_ Occupation/Employer: \_\_\_\_\_

Date of divorce or separation: \_\_\_\_\_

According to court order, when will (did) support for the student end? \_\_\_\_\_

Is there an agreement specifying a contribution for student's education?  
 Yes     No

If Yes, what is the amount specified in the agreement? \_\_\_\_\_

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**OUTSIDE SCHOLARSHIPS**

If you are receiving any outside scholarships or awards for the 2023–2024 academic year, list sources and amounts:

Source:

Amount:  
\$

Application Pending or  Awarded?

Source:

Amount:  
\$

Application Pending or  Awarded?

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**EXPLANATIONS/SPECIAL CIRCUMSTANCES**

Use this space to supply additional information that you think will help us better evaluate your situation.  
You may attach additional sheets and documentation if necessary.

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**CERTIFICATION**

I certify that all of the information on this form is true and complete to the best of my knowledge.

Student signature:

Date:

Parent 1 (or Legal Guardian) signature:

Date:

Parent 2 (or Legal Guardian) signature:

Date:

*\*Handwritten signatures are required on all financial aid application forms.\**