
Last name:

First name:

M.I.:

JTS School/degree:



JTS

ALBERT A. LIST COLLEGE
OF JEWISH STUDIES

2024–2025 List College Application for Financial Aid for Current Students

(for the academic year September 2024–May 2025)

APPLICATION DEADLINE: MARCH 4, 2024

LATE APPLICATIONS WILL NOT BE ACCEPTED

THE FOLLOWING MATERIALS MUST BE RECEIVED BY MARCH 4, 2024:

JTS APPLICATION (this application)

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

If we require copies of your parents' and/or your Tax Return, we will contact you.

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

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 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 2024–2025 academic year what program will you be in?
☐ Joint Program/Columbia ☐ Double Degree/Barnard

Year in JTS school beginning September 2024: ☐ 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 2024–2025 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 2024–25?	College name (if attending in 2024–25)	Year in school in 2024–25
	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 2024?
☐ 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)? \$ _____

1) How much do parents plan to contribute to the student's education for the 2024-2025 academic year? \$ _____

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

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 2024):

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 2023: _____ expected in 2024: _____
\$ _____ \$ _____

5) Divorced or Separated Parents:

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? _____

OUTSIDE SCHOLARSHIPS

If you are receiving any outside scholarships or awards for the 2024–2025 academic year, list sources and amounts:

Source:

Amount:

\$

☐ Application Pending or ☐ Awarded?

Source:

Amount:

\$

☐ Application Pending or ☐ Awarded?

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.

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.