

**TOURO COLLEGE**  
**Application for Dean's Scholarship**  
**2017-2018**

**I. Personal Information**

Name: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_  
Street City State Zip

Home Telephone: ( ) \_\_\_\_\_ ID Number: \_\_\_\_\_

High School Attended: \_\_\_\_\_

Post High School Yeshiva/ Seminary Attended: \_\_\_\_\_

Marital Status:     Single     Married     Divorced     Separated

**II. Family Information**

Father's Occupation: \_\_\_\_\_ Mother's Occupation: \_\_\_\_\_

Total Number of People in Your Household: \_\_\_\_\_

Number of Children in Yeshivas/ Girls Schools: \_\_\_\_\_

Total Amount of Tuition Paid per Year to these Schools: \_\_\_\_\_

Number of Family Members in College (Including Yourself): \_\_\_\_\_

Indicate Your Parents' Marital Status:         Married     Divorced     Separated

Adjusted Gross Income of Your Family in 2016: \_\_\_\_\_

Are You or Your Parents Receiving:  Social Security Benefits  Public assistance

**III. For applicants who are married**

Please complete the following:

Adjusted Gross Income in 2016: \_\_\_\_\_

Number of Children in Yeshiva/ Girls Schools: \_\_\_\_\_

Amount of Tuition Paid: \_\_\_\_\_

*(Over)*

If your spouse is in College:

Name of Institution: \_\_\_\_\_ Degree Program: \_\_\_\_\_

Annual Tuition: \_\_\_\_\_ Expected Graduation Date: \_\_\_\_\_

#### **IV. Financial Aid Information**

I have filed the Free Application for Federal Student Aid (FAFSA) in the month of: \_\_\_\_\_

**Note: All students are required to file the FAFSA in order to be considered for Touro College Financial Aid.** New York State residents should apply for the Tuition Assistance Plan (TAP) grant.

#### **V. Special Circumstances**

Briefly describe any hardships and /or special circumstances that should be brought to the attention of the Scholarship Committee. Please attach an additional sheet, if necessary:

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**I certify that the information given in this application is accurate.**

**I authorized the Office of Financial Aid to release information regarding my financial aid to the Dean`s office.**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Please return this form to:  
Lander College for Women  
Financial aid office  
227 West 60<sup>th</sup> Street, New York, NY 10023