

**TOURO COLLEGE**  
**Application for Dean's Scholarship**  
**2023-2024**

**I. Personal Information**

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

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

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

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

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

Marital Status:     Single     Married     Divorced     Separated

Program attending:  Lander College for Men (Queens)     Lander College for Women  
 Lander College of Arts and Sciences (**Flatbush Division/Brooklyn campus**)

**II. Family Information – Dependent students on FAFSA**

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 2021: \_\_\_\_\_

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

**III. For applicants who are married (Independent students)**

Please complete the following:

Adjusted Gross Income in 2021: \_\_\_\_\_

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

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

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: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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:  
The Office of Financial Aid (Room 215)  
Touro Flatbush Campus, 1602 Avenue J, Brooklyn, NY 11230  
Fax number (646) 495-3875