

TOURO UNIVERSITY
Application for Dean's
Scholarship 2024-2025

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 2022: _____

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 2022: _____

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