



Scholarship Programme for Post Secondary Jewish Studies

I. Background Information

Full Name: _____ Email: _____

Permanent Address: _____ Postal Code: _____

Current Address (If different than above): _____

Telephone Number: _____

Father's Name: _____ Occupation: _____

Employer: _____ Business Telephone Number: _____

Please Check: Self-Employed () Partner () Employee ()

Mother's Name: _____ Occupation: _____

Employer: _____ Business Telephone Number: _____

Please Check: Self-Employed () Partner () Employee ()

Name of Dependents and Relationship to Applicant:

(i.e. Applicants' siblings - Please indicate if they are in school or working)

Name: _____ School/ Place of Employment: _____

Name: _____ School/ Place of Employment: _____

Name: _____ School/ Place of Employment: _____

Name: _____ School/ Place of Employment: _____

Name: _____ School/ Place of Employment: _____

II. Academic Background

School	Dates Attended	Degree Received*
<u>Associated Hebrew Schools</u>	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

*If no degree received, please indicate what portion of the programme or course was completed.

A) Did you receive any scholarships/awards/bursaries while attending school?
Please provide details.

B) Hobbies, Special Skills or Interests? _____

C) Are you now or have you been a member of a youth organization? Please provide details.

III. Employment Experience

Please list your past and current positions and dates of same.

IV. Academic Programme

A) Which institution do you plan on attending?* You may indicate more than one choice.

***Please provide all details of the Institution you are planning on attending and the course you are planning on taking. Please note it is your responsibility to provide The Committee with sufficient information regarding the institution and course to enable the Committee to assess this application.**

B) Please describe your planned programme of study: _____

C) Do you plan on a full time career in Jewish Studies? Yes () No ()

If Yes, please complete the Teacher Training section of this application.

D) How does your proposed programme fit into your future career plans?

V. The following information is to be completed by those applying for Teacher Training Awards.

All applicants must submit the names of three (3) references whom the Committee will solicit confidential letters of recommendation. Please do not list family members.

The **first** shall be the Principal of Jewish Studies from the Jewish Day or High School, which the applicant has attended, **OR** a Professor of Jewish Studies at a University with whom the applicant has or is studying.

The **second** shall be the Rabbi or Spiritual Leader familiar with the applicant and her/his abilities.

The **third** shall be a teacher who can attest to the applicant's ability to participate and excel in a rigorous academic programme.

1. Name: _____ Title: Principal/Professor School/University: _____
Email: _____ Address: _____ Postal
Code: _____ Telephone Number: _____

2. Name: _____ Title: Rabbi/ Synagogue: _____ Email:
_____ Address: _____ Postal Code:
_____ Telephone Number: _____

3. Name: _____ Title: _____ School/University: _____ Email:
_____ Address: _____ Postal Code:
_____ Telephone Number: _____

A) Are you applying for any other scholarship assistance? Yes () No ()
If yes, from where?

B) Have you been notified that you will be receiving any other scholarship assistance?
Yes () No () If yes, how much and from where? _____

C) Should you not receive assistance from Associated Hebrew Schools Scholarship Programme, will you proceed with your plans to study?

Yes () No () If yes, how will you finance your studies?

VI. Anticipated Expenses

Travel: _____ Tuition: _____ Books: _____

Living Costs: _____ Other: _____ **TOTAL:** _____

Please feel free to provide any further information that you may feel will assist the Committee in evaluating your application. Separate letters, personal essays, etc. may be appended to this application.

In applying for this award, the applicant agrees to comply with the conditions for eligibility set down in the Scholarship Programme brochure.

Signature

Date

PLEASE SEND APPLICATIONS TO:

Scholarship and Endowment Fund Committee
Associated Hebrew Schools of Toronto
252 Finch Avenue West
Toronto, ON M2R 1M9

NOTES:

1. Application deadline is March 31. Please make sure that all supporting documents are attached or submitted by this date. Documents received after this time will unfortunately not be considered.
2. Please ensure that the application is completed in full. Incomplete documents will be returned and may jeopardize the eligibility of an applicant.