



Scholarship Program for Post-Secondary Jewish Studies

Please check the box of the scholarship you are applying for:

Teacher Training Post-Secondary Judaic Studies

Part 1: BACKGROUND INFORMATION

A DETAILS OF APPLICANT

Last Name: _____ First Name: _____ Middle Name: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Phone Number: _____ Email: _____

B DETAILS OF PARENTS OR GUARDIANS

Parent 1 Name: _____

Occupation: _____ Employer: _____

Business Phone Number: _____ Self Employed Partner Employee

Parent 2 Name (if applicable): _____

Occupation: _____ Employer: _____

Business Phone Number: _____ Self Employed Partner Employee

C DETAILS OF SIBLINGS

Name: _____ In School Working Other School/Place of Employment: _____

Name: _____ In School Working Other School/Place of Employment: _____

Name: _____ In School Working Other School/Place of Employment: _____

Name: _____ In School Working Other School/Place of Employment: _____

Part 2: ACADEMIC BACKGROUND

A

ATTENDED INSTITUTIONS

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

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

B

EXTRA-CURRICULAR

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

Do you have any hobbies, special skills or interests?
Please provide details.

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

Part 3: EMPLOYMENT EXPERIENCE

Please list your past and current employment.

<u>Employer</u>	<u>Dates Employed</u>	<u>Position</u>
	to	
	to	
	to	

Part 4: ACADEMIC PROGRAM

A

Which institution do you plan on attending?*

You may indicate more than one choice.

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

B

Please describe your planned program of study?

C

Do you plan on a full-time career in Jewish Studies? Yes No

If yes, please complete the Teacher Training section (Part 5) of this application.

D

How does your proposed program fit into your future career plans?

Part 5: TEACHER TRAINING AWARD APPLICATION

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

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

- The first shall be from the Principal of the Judaic Department of the Jewish Day High School which the applicant has attended, or from a Professor of Jewish Studies at university;
- The second shall be from the Rabbi or spiritual leader most familiar with the applicant's background and ability;
- The third shall be from a senior teacher able to attest to the applicants having successfully maintained a rigorous academic programme.

A PRINCIPAL/PROFESSOR RECOMMENDATION

Name:

School/University:

Address:

City:

Province:

Postal Code:

Phone Number:

Email:

B RABBI RECOMMENDATION

Name:

Synagogue:

Address:

City:

Province:

Postal Code:

Phone Number:

Email:

C TEACHER RECOMMENDATION

Name:

Synagogue:

Address:

City:

Province:

Postal Code:

Phone Number:

Email:

D

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

E

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

F

Should you not receive assistance from Associated Hebrew Schools Scholarship Program, will you proceed with your plans to study?
 Yes No
If yes, how will you finance your studies?

Part 6: Anticipated Expenses

Travel:

Living Costs:

Tuition:

Other:

Books:

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 Program brochure.

Signature: _____

Date: _____

Please send Applications to:

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

Please submit your application along with:

- Most recent transcripts from high school, yeshiva, university and/or college.
- Printed information or brochure from/about institution of application.
- 3 recommendations as outlined above, in Part 5 (if applicable).

Note: The Committee may request other records.

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.