



**SCHOLARSHIP APPLICATION FORM**  
**CANADIAN FRIENDS OF THE HEBREW UNIVERSITY**  
4950 Yonge Street, Suite 1202  
Toronto, ON M2N 6K1

**This is not an application form for the CFHU matching scholarships available at some Ontario Universities. Please apply to your individual universities.**

Dear Applicant:

Re: Assistance for attending Hebrew University

**The Canadian Friends of Hebrew University respects and upholds an individual's right to privacy, and to protection of his or her personal information. CFHU is committed to ensuring compliance with applicable privacy legislation. All information will be kept in the strictest confidence and will only be used by the committee for the sole purpose of determining eligibility for a grant. If award is granted, CFHU reserves the right to use his/her name on our scholarship list without publishing the amount given.**

The CFHU's goal is to encourage enrollment from Canadian students at the Hebrew University and to help facilitate this increased enrollment as part of our community's ongoing support for the University. It is not intended to finance every person who wishes to attend the Hebrew University.

Criteria for assistance vary according to each specific scholarship. Please ensure that you are eligible before filling out this form.

Our wish is to make the process open and fair to all applicants. Our goal is to maximize our limited resources while enabling those applicants with the opportunity to participate in an Israeli program. To help the committee make its assessment, please include your own "personal statement" reflecting your reasons for wanting to participate in your program of choice and why you feel you qualify for this scholarship. This information may include such things as what you hope to gain from the Hebrew University experience, your goals for the future, both academic and otherwise, and anything else you feel may be relevant. In this document, please include any additional information that you would like to present to the committee, which can include any special needs/disadvantages or any other specific reasons why you are a candidate for assistance.

The CFHU's decision is based upon each applicant's circumstances and needs. Applicants are encouraged to supply as much information as possible to help the committee make an informed decision.

**Please Note: Applicants who are awarded money from the CFHU General Scholarship will be required to complete 10 hours of volunteer work for the Canadian Friends of the Hebrew University upon their return.**



## DECLARATION OF APPLICANT AND PARENT OR GUARDIAN

I have read the answers to the questions of this application and confirm that every statement is correct. I also understand that failure to provide all relevant information or that providing incorrect information may result in my application not being reviewed.

Receipt of any scholarships from other sources must be reported to the Canadian Friends of the Hebrew University.

The Committee reserves the option of asking the candidate and his or her parents for a personal interview.

CFHU needs assurance from the participant that in case the applicant does not complete the program, the funds will be returned to the CFHU. The amount that is required to be returned will be decided on with each individual case.

**ALL QUESTIONS MUST BE ANSWERED BEFORE APPLICATION CAN BE CONSIDERED.**

\_\_\_\_\_  
APPLICANT'S SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PARENT/GAURDIAN SIGNATURE

**PLEASE RETURN COMPLETED FORMS NO LATER THAN THE INDICATED DEADLINE TO:**

**Student Affairs Department**  
4950 Yonge St. Suite 1202  
Toronto, ON M2N 6K1

Please include any other additional comments that you would like to present to the committee. This includes any special needs or disadvantages that deserve consideration.

Please contact 416-485-8000 or [admissions@cfhu.org](mailto:admissions@cfhu.org) with questions.

**GENERAL SCHOLARSHIP APPLICATION FORM  
CANADIAN FRIENDS OF THE HEBREW UNIVERSITY**

4950 Yonge St. Suite 1202  
Toronto, ON M2N 6K1

C O N F I D E N T I A L

**APPLICATION FOR ASSISTANCE  
FOR STUDY AT THE HEBREW UNIVERSITY OF JERUSALEM**

**Scholarship(s) that applicant is applying for:**

Please check the box and provide a cover letter for each scholarship you are applying for:  
(For information about the scholarships listed below please visit [www.cfhu.org/scholarships](http://www.cfhu.org/scholarships))

<b>Israel Asper National Scholarship (Part 2 Required)</b>	
<b>The Rabin Scholarship for the Advancement of Peace and Tolerance</b>	
<b>Bernard Persiko &amp; Darren Kendal Merit Scholarship</b>	
<b>The Moise &amp; Gladys Amselem Scholarship (Part 2 Required)</b>	
<b>The Pi Lamda Phi Student Scholarship</b>	
<b>Joe Ain Memorial Scholarship</b>	
<b>Dr. Martha R. Cohen Endowment (Part 2 Required)</b>	
<b>The Jerold and Lorraine Birstein Endowment</b>	
<b>The Ray Hnatyshyn Scholarship</b>	
<b>The Mona Leith Scholarship Endowment</b>	

Please explain how you qualify for the scholarship(s) you selected below. If you require extra space please attach an additional page.

Full name of Scholarship/grant:
Explain how you qualify:


Full name of Scholarship/grant:
Explain how you qualify:

Full name of Scholarship/grant:
Explain how you qualify:



Full name of Scholarship/grant:
Explain how you qualify:

Full name of Scholarship/grant:
Explain how you qualify:

## Part 1 – Personal Information

**ALL APPLICATIONS MUST BE TYPED OR PRINTED NEATLY IN BLACK OR BLUE INK**

### **A. Personal Information**

<i>Last or Family Name</i>		<i>First or Given Name</i>		<i>Middle Name</i>
<i>Address - Apt. # / Street</i>			<i>Area Code</i>	<i>Home Phone</i>
<i>Postal/Zip Code</i>	<i>City or Town/Province</i>		<i>Area Code</i>	<i>Cell Phone</i>
<i>Personal E-mail</i>	<i>University/other Email</i>	<i>Birth Date (dd/mm/yy)</i>	<i>Social Insurance #</i>	
<i>Canadian Citizen (circle)</i>  Yes      No		<i>If No, explain</i>		
<i>Synagogue/ Youth Affiliation (If applicable)</i>				

*If you expect any changes in your address, please let us know*

### **B. Hebrew University Information**

<i>Program Name:</i>	<i>Program Start Date:</i>
<i>Cost of Program:</i>	<i>Length of Program:</i>

Have you already been admitted to Hebrew University?     YES     NO  
*Please attach a copy of the acceptance letter. If you do not yet have it, it must be submitted before funds will be distributed to you.*

**C. Academic History: (Transcript might be requested)**

SECONDARY SCHOOLS ATTENDED

Name of Institution	Province/Country	From yy/mm	To yy/mm	Grade Completed

POST SECONDARY SCHOOL

Name of Institution	Province/Country	From (yy/mm)	To (yy/mm)
Current Program of Study	Current Year of Study	Further Information	
Specific courses completed that might relate to this award (If applicable)			

**D. Employment/Volunteer History: Jobs held in the last 3 years  
 (Please include updated resume)**

Type of Work	Name of Business	Employer	From yy/mm	To yy/mm	Hours/ Week or Days worked/volunteered

What are your education/career goals? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**E. Have you ever applied for and received a grant for an Israel Program in the past?  
 Please give details**

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

**F. Community Participation** Describe the nature of your involvement or associations within the Jewish and/or the non-Jewish community, including volunteer work and specify year of involvement and position held.

*(Although this award is based on financial need, information on community involvement will be considered)*


**G. Israel Experience** Describe any previous trips, including purpose of trip, length, programs attended, etc.


Whom may we contact as a reference? (Employer, academic supervisor, community leader etc). Please no relatives.

NAME		NAME	
PHONE		PHONE	
RELATIONSHIP		RELATIONSHIP	

References may or may not be contacted as determined by the committee



**H. Other Grants**

Have you applied for any other grants toward the cost of the program?

Please give names of grants and amounts received (additional grants, include with additional comments)

A.

Contact:

B.

Contact:

C.

Contact:

Have you applied for Government (Federal/Provincial) Loans? How much did you receive?

IF YOU ATTEND ONE OF THE FOLLOWING UNIVERSITIES, HAVE YOU APPLIED FOR THE CANADIAN FRIENDS OF THE HEBREW UNIVERSITY SCHOLARSHIP AT YOUR SCHOOL?

Please indicate YES \ NO in the appropriate box.

- ( ) UNIVERSITY OF TORONTO
- ( ) YORK UNIVERSITY
- ( ) McMASTER UNIVERSITY
- ( ) UNIVERSITY OF WATERLOO
- ( ) QUEEN'S UNIVERSITY
- ( ) UNIVERSITY OF WESTERN ONTARIO
- ( ) UNIVERSITY OF OTTAWA
- ( ) UNIVERSITY OF GUELPH
- ( ) UNIVERSITY OF WINNIPEG

Did you receive a CFHU scholarship from your University? Amount?

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APPLICANT'S SIGNATURE

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DATE

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PARENT/GAURDIAN SIGNATURE

***(Please answer all questions completely, using an extra sheet if necessary)***

## Part 2 – Statement of Financial Need

If the specific scholarship is not financial-need based, you are not required to complete the financial information section

### A. Current School Expenses

Current School	_____
Annual Tuition	\$ _____
Room and Board	\$ _____
Transportation	\$ _____
Other	\$ _____
<b>Total</b>	<b>\$</b> <span style="border: 2px solid black; display: inline-block; width: 150px; height: 20px; vertical-align: middle;"></span>

Additional Information (explain 'other')

### B. How Current Expenses are Met:

Parents	\$ _____
Scholarships	\$ _____
Own earnings (employment)	\$ _____
Student loans	\$ _____
Other	\$ _____
<b>Total</b>	<b>\$</b> <span style="border: 2px solid black; display: inline-block; width: 150px; height: 20px; vertical-align: middle;"></span>

Additional Information (explain 'other')

**C. Sources of Financial Contribution towards program at Hebrew University:**

	<b>Amount Confirmed</b>	<b>Additional Information</b>
1. Applicant	\$ _____	_____
2. Parent/Relatives	\$ _____	_____
3. Student Loans	\$ _____	_____
4. Registered Education Savings Plan	\$ _____	_____
5. Community	\$ _____	_____
6. Masa	\$ _____	_____
7. Other Grants (more info below)	\$ _____	_____
A. _____	\$ _____	_____
B. _____	\$ _____	_____
C. _____	\$ _____	_____
8. Other (please specify)	\$ _____	_____

**TOTAL:** \$

Further Comments

**D. Parents' Financial Information**

The 'parent' part of sections E-H **should not** be completed if applicant is independent of parents.

**Instead, a Parents' Statement of Non Support should be completed. (Part 4)**

Father's Name \_\_\_\_\_  
 Name of Business/Employer \_\_\_\_\_  
 Business Address \_\_\_\_\_  
 Position or Title \_\_\_\_\_  
 Occupation \_\_\_\_\_  
 Self-Employed?      Yes    No \_\_\_\_\_

Mother's Name \_\_\_\_\_  
 Name of Business/Employer \_\_\_\_\_  
 Business Address \_\_\_\_\_  
 Position or Title \_\_\_\_\_  
 Occupation \_\_\_\_\_  
 Self-Employed?      Yes    No \_\_\_\_\_

**E. Family Income**

Gross Income

Father	\$	_____
Mother	\$	_____
Family income from other sources	\$	_____
Applicant income	\$	_____
Total Family Income	\$	<div style="border: 2px solid black; display: inline-block; width: 150px; height: 20px; vertical-align: middle;"></div>

**Please provide most recent filed tax return for both applicant as well as each parent. If the most recent tax return is not indicative of your current financial situation, please provide an explanation.**

**F. How many dependents, other than applicant, are on family income?**

Name	Age	Relation to Applicant	Name of School and Year of Study	Tuition and Related Costs
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**G. Applicant or Parents' Assets, Liabilities and Sources of Income**

Please fill out the following:

<b>Assets</b>	<b>Parents</b>	<b>Applicant</b>
Do you own your home?		
If yes, what is the current estimated value?	\$	\$
Do you own any other real estate?		
If yes, please indicate current estimated value (for all real estate)	\$	\$
Do you have money saved?	\$	\$
Do you own a vehicle? If yes, indicate number of owned vehicles		
If applicable, indicate the value of any business assets or shares of an incorporated business owned completely or partially by you	\$	\$
If applicable, any other investments	\$	\$
Registered (e.g. RRSPs and other pension plans)	\$	\$
Non-registered	\$	\$
<b>Total Assets</b>	<b>\$</b>	<b>\$</b>

Please feel free to include any information or explanation you consider relevant in connection with your income or assets

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<b>Liabilities</b>	<b>Parents</b>	<b>Applicant</b>
If you own your home, indicate		
Monthly property taxes	\$	\$
Monthly strata maintenance fee	\$	\$
Do you have a mortgage?		
If yes, indicate		
Outstanding mortgage amount	\$	\$
Term remaining		
Monthly payments	\$	\$
If renting your home, what are your monthly rental payments	\$	\$
Monthly car payment for all vehicles	\$	\$
Monthly Child care costs	\$	\$
Other monthly loan payments (specify – for example, student loan):		
	\$	\$
	\$	\$
	\$	\$
Monthly debt payment (specify – for example, credit card, line of credit)		
	\$	\$
	\$	\$
	\$	\$
Child support/Alimony	\$	\$
Other liabilities (specify):		
	\$	\$
	\$	\$
	\$	\$
<b>Total Monthly liabilities</b>	<b>\$</b>	<b>\$</b>
<b>Total Annual Liabilities</b> (monthly liabilities x 12)	<b>\$</b>	<b>\$</b>

<b>Total Assets minus Total Liabilities</b>	<b>\$</b>	<b>\$</b>
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Please feel free to include any information or explanation you consider relevant in connection with your income or liabilities

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**H.** Personal Statement Additional Comments (please attach on a separate page) Yes No

\_\_\_\_\_  
APPLICANT'S SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PARENT/GAURDIAN SIGNATURE

### Part 3 – Student Commitment

Upon receiving the CFHU National Scholarship, I, \_\_\_\_\_,  
am obliged to be an active ambassador for the Hebrew University and the Canadian Friends of  
Hebrew University.

Following my return from Israel, I agree to get involve in the Local CFHU Chapter and help  
advocate and promote our programs.

A few examples of how you can help:

- ⇒ Speaking about Hebrew University and your Israel experience to a group of students or adults
- ⇒ Volunteering with your local CFHU chapter
- ⇒ Volunteering my services at a CFHU community events
- ⇒ Working on campus promoting Hebrew University programs
- ⇒ Helping raise funds for scholarships

If you have any specific skills/talents that can be used to help Hebrew University please list them:  
(e.g. musician, artist, expert in a field) \_\_\_\_\_

Expectations during the program:

- ⇒ Upon return you must contact your local or national chapter and report about your experience during the year (pictures, Facebook, Twitter, etc.)
- ⇒ At least twice during the year you will contact your local Chapter to discuss your experiences
- ⇒ Commitment to write on the student blog
- ⇒ Attend CFHU events in Israel

*Hebrew University maintains the right to use your name as a scholarship recipient.*

\_\_\_\_\_  
APPLICANT'S SIGNATURE

\_\_\_\_\_  
DATE

**Part 4 – Parents’ Statement of Non-Support  
Independent (Self-Supporting) Student**

**INSTRUCTIONS: If you are an independent student**, this statement must be completed by the applicant's parents and the parents of the spouse, if the applicant is married, in order to document that a state of total financial independence does exist.

Applicant's Name		Spouse's Name	
Applicant's Address - Apt. # / Street	City or Town	Province	Postal/Zip Code

- I.** I hereby affirm that the above named student and spouse if applicant is married, meet all of the criteria stated below.
- 1.** The student has not lived or will not live for more that 6 weeks in the home of a parent or guardian during the calendar year in which aid is received (201\_\_) and the calendar year prior to the academic year for which aid is requested (201\_\_);
  - 2.** The student has not received and will not receive financial assistance of more than \$750 from the parent(s) or guardian(s) in the calendar year (201\_\_) in which aid is received and calendar year prior to the academic year for which aid is requested (201\_\_);
  - 3.** The student has not and will not be claimed as an exemption for Federal/Provincial Income Tax purposes by any person except the student's spouse for the calendar year (201\_\_) in which aid is received and the calendar year prior to the academic year for which aid is requested (201\_\_).
- II.** We hereby affirm that the information reported on this statement, to the best of our knowledge and belief, is true, correct and complete.

**Signature of Applicant's Parent(s) or Legal Guardian(s)**

**Signature of Spouse's Parent(s) or Legal Guardian(s) if applicant is married**

\_\_\_\_\_  
Father, Stepfather, Guardian

\_\_\_\_\_  
Father, Stepfather, Guardian

\_\_\_\_\_  
Mother, Stepmother, Guardian

\_\_\_\_\_  
Mother, Stepmother, Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date



## **Checklist**

1. Declaration of Applicant and Parent or Guardian
2. Description of award that you are applying to
3. Parts 1 – 3, signed and completed
4. Personal statement/additional comments attached on a separate page
5. Most recent filed tax return for both applicant as well as each parent
6. Résumé

### **If applicable;**

7. Acceptance letter to Hebrew University
8. If the specific scholarship is not financial-need based, you are not required to complete the financial information section.
9. If you are an independent (self-supporting) student, please complete Part 4