



Application Form

Protection of Privacy:

Personal information related to this application is collected under the authority of Freedom of Information and Protection of Privacy Act and The York University Act, 1965. This information is used to process your application and decide on your eligibility for the Koschitzky Centre for Jewish Studies. Once an award has been granted, York University may disclose certain information to the donor of the award, provincial funding organizations and/or York University academic departments/Faculties and Colleges, as set out below. If you win a scholarship, your name and photograph may be used for promotional purposes. If you have any questions about the collection of this information by York University, please contact the Coordinator International Mobility, York International, telephone #: 416-736-5177.

Application Check List

Please make sure to include the following documents with your application. Incomplete applications will not be considered.

Acceptance letter from Israeli university.

Israel Study Abroad Scholarship Application Form.

A Statement of Purpose: Your Statement of Purpose should reflect who you are and why you are interested in the specific program and school you applied to. It should provide a clear picture of your goals and objectives, and why you believe you are a good candidate for this scholarship.

Two letters of recommendation, one of which must be an academic reference letter.

A copy of your original transcripts.

Send complete application package to:

The Koschitzky Centre for Jewish Studies
763 Kaneff Tower
York University
4700 Keele St.
Toronto, Ontario M3J 1P3

Application deadlines can be found on our website:
<http://cjs.yorku.ca/scholarships-awards-2/study-in-israel-scholarships/>



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Mr			
Mrs	Ms		
Surname		Middle Name	First Name
Student Number:		Social Insurance Number:	
Mailing Address:			Unit #:
City / Town:	Province:		Postal Code:
Telephone #:		Email:	
Faculty:		Major:	

Would you prefer to receive notification of your award status via email? Yes No

Marital Status: Single Married Common-Law

OSAP and Residency

Are you eligible for OSAP? Yes No

Have you applied for OSAP for the current academic session? Yes No

If not, please explain why

Are you a Canadian Citizen or permanent resident of Canada (landed immigrant)? Yes No

Please check the ONE statement that best describes your current situation:

You have been a resident of Ontario during the previous 12 months.

Your spouse has lived in Ontario for at least 12 months to the beginning of the current study period and your spouse was not enrolled in full-time studies during this 12 month period.

Your parent(s), step-parent(s), legal guardian(s), or official sponsor(s) have lived in Ontario at least 12 months up to the beginning of your current study period.

None of the above. Please explain:



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BUDGET:

Please include only your resources and expenses for the time you will be away on official study abroad

Study Period Start Date:		Study Period End Date:	
<u>If Single</u> Father's gross annual income \$ Mother's gross annual income \$		<u>If Married/Common-Law</u> Spouse's gross annual income \$	
FINANCIAL RESOURCES		ESTIMATED EXPENSES (If sharing, indicate your portion only)	
Savings prior to the Start of the Current Study Session	\$	Academic Fees	\$
Parental or Spousal Contribution	\$	Books/Supplies	\$
Scholarships and Bursaries (please include list on separate sheet)	\$	Residence/Rent \$ x months	\$
Government Income (Total): \$ x months (e.g. UIC, Family Benefits, Indian Affairs, VRS, CPP, Child Tax Benefit)	\$	Utilities (Hydro/Heating): \$ x months	\$
		Phone \$ x months	\$
OSAP for study abroad program:		Cable/Internet Service \$ x months	\$
Canada Student Loan	\$	Food: \$ x months	\$
Ontario Student Loan	\$	Personal Care Products and Laundry (e.g. shampoo, toothpaste) \$ x months	\$
Canada Study Grant	\$	Public Transportation \$ x months	\$
Other Loans (e.g. Quebec Student Loan), specify:	\$	Medical Insurance \$ x months	\$
Other Resources (specify):		Visa Costs (Study permit for destination)	\$
	\$	Entertainment	\$
	\$	Student Union Fees	\$
	\$	Flight	\$
	\$	Other Expenses (specify):	
	\$		\$
	\$		\$
	\$		\$
Total	\$	Total	\$



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If you did not provide spousal/parental income, please provide an explanation.

WRITTEN STATEMENT

Please provide a brief explanation of your financial circumstances below. It is important that you elaborate on why you are unable to cover all of the costs associated with your studies for this session. You may wish to explain any extenuating circumstances.

Consent

I have read and agree to the following:

1. The information I have provided in this application is **complete and accurate**.
2. All information I have provided in connection with this application is subject to verification and audit by York University.
3. I will provide supporting documentation to York University to verify my eligibility **upon request**.
4. I give York University my consent to disclose information on this form to the Ministry of Training, Colleges and Universities (for OSAP purposes) to verify information.
5. Any funds I receive will be applied to my student account at York University.
6. Should I be selected to receive this needs-based financial award, I consent to the disclosure to the donor of the award of the following information: my name, program of study, year level.

SIGNATURE

DATE

ALL APPLICATIONS MUST HAVE AN ORIGINAL SIGNATURE. Faxed copies/photocopies will not be accepted.

Should you receive a needs-based award and wish to withdraw consent for disclosure to the donor of the award, please send a **written** request to cjs@yorku.ca. Please ensure that you include your name, student number and the name of this application form in your request.

OFFICE USE ONLY:

Initials: _____ Date: _____ Bursary Amount: _____

Comments: