UNIVERSITY OF
TORONTO

CENTRE FOR INTERNATIONAL EXPERIENCE

Canadian Friends of Hebrew University of Jerusalem Award

This award is intended to assist those students requiring financial assistance with their studies at the Hebrew University of Jerusalem. To be eligible for the award, students must be registered at the University of Toronto during their studies abroad. Eligibility is limited to students with Canadian citizenship or permanent resident status.

Deadlines:

Summer term departure:	May 1st
Fall term departure:	August 1st
Winter term departure:	December 1st

Submit application to: **Centre for International Experience**
Room 204, 33 St. George Street, University of Toronto, Toronto, Ontario, M5S 2J7

Personal Information

Surname: _____ Given Name: _____

Student Number: _____ Social Insurance Number: _____

Sessional Address: _____
(September – May) _____

Sessional Address Expiry Date (dd/mm/yy): _____/_____/_____

Telephone: _____ Email Address: _____

Permanent Address: _____
(If different from above) _____

UofT Program Sponsor/Department: _____

Dates Abroad (dd/mm/yy): _____/_____/_____ to _____/_____/_____

College/Faculty: _____ Area of Study: _____

Degree Level: _____ Year of Study: _____

Number of enrolled credits during the current academic year: _____

Status in Canada: ☐ Canadian Citizen ☐ Permanent Resident

Marital Status: ☐ Single ☐ Married ☐ Other

Have you applied for and/or received any scholarships and/or bursaries applicable to the study abroad program at the Hebrew University of Jerusalem? ☐ Yes ☐ No

If yes, please indicate the status of your application(s) and the amount received if known:

_____

Budget Outline

Please provide the following summary for estimated resources and expenses for the **study abroad period**. Indicate monthly amounts where applicable as well as total amounts.

Married students should indicate their total family income (after tax and other compulsory deductions) and total family expenses.

Financial Resources

Summer savings		
Previous savings		
Earnings during session	monthly	total
Family contribution Parents/guardian/spouse	monthly	total
Government Assistance (including loans and grants)		
Scholarships/ Other Awards		
Other (specify) _____		
Total Resources		

Estimated Expenses

Fees to U of T		
Fees to Hebrew U		
Transportation to/from Hebrew U		
Books/Instruments		
Residence/Rent	monthly	total
Food	monthly	total
Local Transportation	monthly	total
Medical Insurance	monthly	total
Vaccinations		
Recreational	monthly	total
Miscellaneous/Personal	monthly	total
Total Expenses		

Please provide details of any extraordinary expenses:

_____

_____

_____

_____

The following information will help the Bursary Committee understand more fully your financial situation. *Please provide the requested additional information on page 3.*

Family Information

To be completed by all students who have not been out of secondary school for more than four years, and by all married students.

Gross annual income
Father/Guardian/Spouse (circle one) $ _____

Mother $ _____

Number of dependents in the family: _____

Number of dependents attending university: _____

If there are special circumstances that limit the support provided by your family, please provide details on page 3.

Employment Information

Summer

Total Summer Earnings $ _____

Amount saved for University expenses $ _____

If you were not employed, or were unable to save a reasonable portion of your earnings, please explain on page 3.

School Year

Are you working part-time during the current academic year?
☐ Yes ☐ No

If not, have you investigated the possibility of part-time employment with the Ontario Work-Study Plan?
☐ Yes ☐ No If no, please explain on page 3.

Government Assistance

(O.S.A.P., Canada Student Loan, or other government aid)

Have you applied for assistance for the current academic year?
☐ Yes ☐ No

Have you appealed your O.S.A.P. award?
☐ Yes ☐ No
If you answered no to either question, please elaborate.

Motor Vehicle

Do you own a motor vehicle? ☐ Yes ☐ No

If yes, please indicate: model _____ year: _____
And explain its necessity on page 3.

Use the space below or attach an additional sheet to provide further information regarding the abroad opportunity. Additionally if the difference between your resources and expenses exceeds $1,000 ensure that you explain how you plan to meet this shortfall. Traditionally, students are assisted by their parents/family in pursuing their post-secondary studies. This may be in the form of direct financial or non-monetary aid such as free room and board. Please explain below if you are receiving no or minimal financial assistance (i.e. less than 10% of budgeted need) or other help from your family.

_____

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_____

Declaration

I am requesting award assistance in the amount of $_____

I hereby certify that the information provided on this application is, to the best of my knowledge, true and complete.
Failure to provide complete and accurate information may result in the cancellation of all or part of your award.

I authorize the release of the information contained herein to the appropriate Award Selection Committee.

Signature _____ Date _____

Office Use Only

Decision:

☐ Yes Name of Award: Value:

☐ No

Amount recommended & comments: _____

Signature: _____ Date: _____