

I verify that the above information is correct in all respects.

Name _____

Signature _____

Date _____

Please return both PART A and PART B of the completed form to:

THE JEWISH FEDERATION OF VICTORIA AND VANCOUVER ISLAND
3636 Shelbourne Avenue Victoria, B.C. V8P4H2

Attention: Allocations Committee

**YOUR APPLICATION WILL BE REVIEWED BY THE ALLOCATIONS COMMITTEE
AND A RESPONSE WILL BE MAILED TO YOU AS SOON AS POSSIBLE.**

& from Family Bonus payments (if received) _____
& from GST Rebate (if received) _____
& from other source of income? (eg. pensions, annuities, trust funds, _____

Mother's Full Name:

Home Address: Street # and Name

City

Province

Postal Code

Home Phone:

Work

E-Mail

Place of work - Mother:

How long has she worked there?

What is his total income on line 150 of her 2010 Tax Return? _____

& from Family Bonus payments (if received) _____

& from GST Rebate (if received) _____

& from other source of income? (eg. pensions, annuities, trust funds, _____

What is your or your family rent or mortgage payment per month ?

Please provide any details of extraordinary financial costs that your family must cover in addition to your normal expenses and/or describe the circumstances prompting need for a JFVVI Scholarship for the specified program.

Part B: Needs Information

Place of work:

How long have you worked there?

If unemployed at the moment, how long have you been unemployed?

Are you currently receiving Employment Insurance ? Yes ___ No ___

Amount : _____

Are you currently on Income Assistance? Yes ___ No ___ If yes, amount? _____

Do you live with your parents ? Yes ___ No ___

Are you supported by your parents or grandparents ? Yes ___ No ___

If yes, to what extent ?

Father's Full Name:

Home Address: Street # and name

City

Province

Postal Code

Home Phone:

Work

E-mail

Place of work - Father:

How long has he worked there?

What is his total income on line 150 of his 2010 Tax Return? _____

Objectives of Program:

What do you hope to gain from this experience?

How will this experience benefit our community?

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

Israel/Jewish Program Experience Describe any previous trips, including purpose of trip, length, programs attended, etc.

THE JEWISH FEDERATION OF VICTORIA AND VANCOUVER ISLAND
JEWISH EXPERIENCE GRANT APPLICATION

Part A: Application Information

Name of Applicant:		
Age:	Educational Level Attained:	
Home Address: Street # and Name:		
City:	Province:	Postal Code:
Home Phone:	Work:	E-Mail
Name of Program:		
Program Sponsor Organization:		
Location of Program (City ,Country):		
Period and Duration of Attendance:		
Are you requesting /receiving subsidizations from other Jewish Community sources ? Yes____ No____ From Whom ? _____		
Amounts:		
Amount requested/received from other financial sources (identify sources)		
Amount requested from JFVVI:		