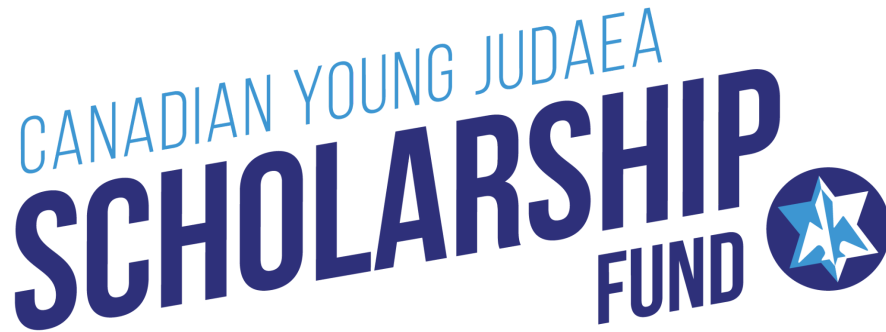




## CANADIAN YOUNG JUDAEA - SCHOLARSHIP APPLICATION FORM

### Guidelines for Application

In order to be considered for funding through the Camper Scholarship Program, please follow these instructions:

1. Applications are accepted at National Office until **December 15th.**
2. Only requests submitted on this form will be considered for funding. Please be sure your responses are typed or printed clearly.
3. Within each section, you must ensure that all questions are answered as completely and forthrightly as possible. If a question does not apply to your current situation, please mark it as 'N/A'. Any application that does not have a fully completed payment breakdown (Section 3) will not be considered.
4. Applications must be reviewed, signed and dated by both Parents/Guardians. If the application is being submitted by a sole parent/guardian (where there is a separation or divorce), please indicate as such.
5. Submitted applications must include copies of the following information if applicable:
  - Federal income tax return (T1) 2024 including all accompanying schedules for both parents
  - 2024 Canada Revenue Notice of Assessment (or Reassessment if applicable)
  - Most recent Federal income tax return (T2) and financial statement for any privately held corporation owned by either parent or via a family trust
  - Most recent Canada Revenue Notice of Assessment for any privately held corporation
  - Federal income tax return (T3) 2024 and financial statement for any family trust that a parent (or child) is a beneficiary of
  - Mortgage statement

6. The information included in this application will be viewed only by the Camper Scholarship committee of Canadian Young Judaea. In some cases, additional documentation may be requested for submission by this committee. The Scholarship Application Form and all matters relating to the application will be treated in strict confidence.

### Section 1: Family Information

Camper Name(s) \_\_\_\_\_

Current Grade (s) \_\_\_\_\_

Preferred Session                      1st                      2nd                      Full Season                      Sneak Preview

Parent/Guardian #1

Name

\_\_\_\_\_

Home Address

\_\_\_\_\_

\_\_\_\_\_

Home Phone

\_\_\_\_\_

Parent/Guardian #2

Name

\_\_\_\_\_

Home Address

\_\_\_\_\_

\_\_\_\_\_

Home Phone

\_\_\_\_\_

**Marital Status** \_\_\_\_\_ Married                      Divorced                      Seperated  
Widow/Widower                      Single Parent                      Other \_\_\_\_\_

Campers Living with:                      Both Parents (Full Time)                      Both Parents (Shared)  
Parent #1                      Parent #2                      Other \_\_\_\_\_

Person Responsible for Camp Fees \_\_\_\_\_

|                               |                                  | Parent/Guardian #1 | Parent/Guardian #2 |
|-------------------------------|----------------------------------|--------------------|--------------------|
| <b>Current<br/>Employment</b> | Nature of<br>Business/Occupation |                    |                    |
|                               | Name of<br>Employer/Company      |                    |                    |
|                               | Address                          |                    |                    |
|                               | Telephone #                      |                    |                    |
|                               | Years at this employment         |                    |                    |
|                               | Current Annual Income<br>(gross) |                    |                    |
| <b>Other<br/>Income</b>       | Employment Insurance             |                    |                    |
|                               | Family Allowance                 |                    |                    |
|                               | Rental Income                    |                    |                    |
|                               | Alimony/Child Support            |                    |                    |
|                               | Social Assistance                |                    |                    |
|                               | Student Grants                   |                    |                    |
|                               | Investment Income                |                    |                    |
|                               | Other                            |                    |                    |

**Section 2: Financial Information (continued)**

**RESIDENCE & SPECIAL EXPENSES**

|                                  |                                                                    |
|----------------------------------|--------------------------------------------------------------------|
| Please Complete where applicable | Current Calendar Year                                              |
| Residence                        | Rent<br>Own                                                        |
| Type of dwelling                 | Single family<br>Duplex, triplex, etc.<br>Condominium<br>Apartment |
| Year of Purchase                 |                                                                    |
| Price Paid                       | \$                                                                 |
| Yearly Mortgage payment          | \$                                                                 |
| Balance of Mortgage              | \$                                                                 |
| Property taxes                   | \$                                                                 |
| Other Property                   | Rent<br>Own                                                        |
| Type of Dwelling                 | Single family<br>Duplex, triplex, etc.<br>Condominium<br>Apartment |
| Year of Purchase                 |                                                                    |
| Price Paid                       | \$                                                                 |
| Yearly Mortgage payment          | \$                                                                 |
| Balance of Mortgage              | \$                                                                 |
| Property taxes                   | \$                                                                 |

|                                                        |     |    |                       |
|--------------------------------------------------------|-----|----|-----------------------|
| Please indicate your special expenses where applicable |     |    | Current Calendar Year |
|                                                        | Yes | No |                       |
| Child care                                             |     |    | \$                    |
| Special Education / Tutoring                           |     |    | \$                    |
| Camp fees                                              |     |    | \$                    |
| Dental expenses                                        |     |    | \$                    |

|                                                      |               |  |    |
|------------------------------------------------------|---------------|--|----|
| Vacations                                            |               |  | \$ |
| Synagogue Dues                                       |               |  | \$ |
| Club/Recreational Fees                               |               |  | \$ |
| Payment on Loans                                     |               |  | \$ |
| Total Outstanding Loans                              |               |  | \$ |
| Specify nature of loan(s) noted above                |               |  |    |
| Family Assets (where applicable)                     | Current Value |  |    |
| Cash in Bank                                         | \$            |  |    |
| RRSP Contributions (this year)                       | \$            |  |    |
| TFSA Contributions (this year)                       | \$            |  |    |
| Bonds, term deposits, & shares and other investments | \$            |  |    |
| Shares of private company (% owned)                  | \$            |  |    |
| Interest in family trust (% of interest)             | \$            |  |    |

### Vehicle 1

Make:                      Model:                      Year:  
 Owned                      Monthly Payments: \$  
 Leased                      Monthly Payments: \$  
 Company Car  
 Name of Leasing Company:

### Vehicle 2

Make:                      Model:                      Year:  
 Owned                      Monthly Payments: \$  
 Leased                      Monthly Payments: \$  
 Company Car  
 Name of Leasing Company:

### Section 3: Payment Breakdown and Additional Details

How do you plan to cover the cost of Camp?

- a. Total camp fees (total charges for all children) \$ \_\_\_\_\_
- b. Total that Family can afford to pay \$ \_\_\_\_\_
- c. Synagogue or other community subsidies \$ \_\_\_\_\_
- d. Other sources of funding \$ \_\_\_\_\_
- e. Sum of lines [b] through [d] \$ \_\_\_\_\_
- f. Financial Request (line [a] minus line [e] ): \$ \_\_\_\_\_
- g. What CYJ Camp did your Camper/s attend last year? \_\_\_\_\_
- h. Scholarship amount awarded? \_\_\_\_\_
- i. Did you receive any additional grant money i.e. One Happy Camper \_\_\_\_\_

Please detail the special circumstances in your family that create an extra financial burden. You may attach a separate letter, if you require more space.

|       |   |
|-------|---|
| _____ |   |
| _____ | L |
| _____ | L |
| _____ | L |
| _____ | L |
| _____ | L |
| _____ | L |
| _____ | L |
| _____ | L |
| _____ | L |
| _____ | L |
| _____ | L |
| _____ | L |

### Section 4: Parent/Guardian Declaration

I/We declare that the information provided on this form is, to the best of my/our knowledge, complete, correct and true.

|                        |                             |       |
|------------------------|-----------------------------|-------|
| _____                  | _____                       | _____ |
| Parent/Guardian 1 Name | Parent/Guardian 1 Signature | Date  |
| _____                  | _____                       | _____ |
| Parent/Guardian 2 Name | Parent/Guardian 2 Signature | Date  |

PLEASE SEND IN FULL PACKAGE TO each camp that you are seeking scholarships for.