



2016/17 APPLICATION FORM

Dear Community Member,

The Jewish Federation of Edmonton's (JFE) Integrated Bursary Program (IBP) was created to make the process of applying for a bursary or bursaries more dignified, anonymous, effective and fair. Families are able to apply with one application as all the schools, programs and services covered by bursaries from the Jewish Federation of Edmonton are on one application form for all family members for the entire year. This does not preclude partner organizations from offering their own bursaries.

THE VALUES OF THE IBP

Anonymity - Only the Jewish Federation Development and Program Associate, CEO, Jewish Family Services (JFS) Counselor and the senior accountant at the agencies where you are applying will be aware of your application to the IBP. The community members making decisions will only have file numbers – no names. This information will be held in the strictest of confidence. Any necessary meetings with you will be held at the JFS office, not at an agency office.

Dignity - You only need to make one application for all Jewish educational opportunities and other communal activities funded by JFE. You can apply for a bursary to many communal programs at one time. We recognize that families do not wish to complete forms and request bursaries at each agency. This process has been centralized to make it more streamlined and dignified.

Equity - Each application will be judged on its own merits. The same standard will be applied with respect to each program. In the previous system, each institution managed their own bursary process and there were variations in how applications were reviewed. Under the current system, there will be no variations as it is a single centralized process maximizing the number of Jewish families and individuals participating.

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Application for Bursary for JFE/UJA Supported Programs

Basic Information

- It is the Jewish Federation of Edmonton's policy that families and individuals needing a bursary be accommodated if at all possible. We are committed to the ideal that no member of the Jewish community be denied a Jewish educational, social, or cultural experience. Those families that do not have the financial resources to pay full fees **will be considered for** a bursary.
- **Bursaries are awarded based on need, financial circumstances of applicants and available community funds. Priority is given to those most in need.**
- Families/Individuals who wish to appeal the results of their assessment must do so within one week in writing to the CEO of the Jewish Federation of Edmonton, who will address the appeal with another member of the Review Committee.
- A bursary in one year does not guarantee a bursary in another year. Each year must be treated differently to reflect available funds and family circumstances. Therefore, each family/individual must re-submit their application and supporting documents on a yearly basis.

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- If you do not receive a bursary for the full amount requested, at your instruction, Jewish Federation of Edmonton can share the information in this application with our partner agencies and they can determine whether they want to top up the Jewish Federation of Edmonton’s funding with funds from their own resources.

DEADLINE TO SUBMIT IBP APPLICATION >>> MARCH 31, 2016

PROCESS:

<p>1) Complete application form (attached).</p>	<p>Photocopy all supporting documents. Send/deliver/email application and supporting documentation to Elianna Lisan at Edmonton Jewish Federation or eliannal@edjfed.org before March 31 2016. She will ensure that your application form is completed properly and ensure supporting documents are in order.</p>
<p>2) Schedule an appointment with a Community Counselor.</p>	<p>A counselor will call you to arrange an appointment, if needed, at Jewish Family Services. Appointments must be completed by April 30, 2016. If any special needs are required for the appointment, including translation services, please advise the counselor in advance of your meeting.</p>
<p>3) Meet your Community Counselor.</p>	<p>At this appointment, the counselor will learn about your family, your Jewish connections, Jewish interests and priorities. The counselor will also discuss your contribution to the Jewish programs for which you have applied.</p>
<p>4) Recommendation</p>	<p>Based on your program priorities, your income and expense statements, your supporting documentation, etc. your counselor will make a general recommendation to the IBP Review Committee.</p>
<p>5) IBP Review Committee</p>	<p>Your file will be presented to a small committee comprised of community leaders. YOUR NAME WILL NOT APPEAR ON YOUR FILE WHICH WILL PRESERVE YOUR ANONYMITY. Each file will be reviewed and the counselor’s recommendation will be accepted, rejected or amended. The results will be communicated to you by Jewish Federation of Edmonton by late May.</p>
<p>6) Final Step</p>	<p>a) You will be either emailed or sent a letter in the mail from the Jewish Federation of Edmonton, which will show the bursary amount you are getting and the amount you are responsible for paying. If you are in agreement with the terms, please sign the bottom of the last page and return to Elianna Lisan, Jewish Federation of Edmonton. b) Upon receipt of your letter, please prepare cheques (post-dated) payable to the agencies for your portion of payments and send them directly to the Accountant at the particular agency(ices) or advise whether you wish for us to contact the agencies directly to determine whether they have additional bursary funding from their own resources that you may be entitled to receive. If you are seeking additional funding, we will provide you with a further letter advising of how much you are getting from both the IBP and the agency, and then you will need to provide cheques (post-dated) payable to the agencies for your portion of payments and send them directly to the</p>

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	<p>Accountant at the particular agency/agencies.</p> <p>c) Jewish Federation of Edmonton will pay the bursary portion directly to the particular agency/agencies.</p> <p>d) Please contact the Accounting Department of the agency/school as soon as possible to complete the registration process to ensure your child/children can participate.</p>
7) Appeal Process	<p>If you are dissatisfied with the decision of the Review Committee, you can appeal to the CEO of Jewish Federation of Edmonton, Debby Shoctor, by sending an email correspondence (debbys@edjfed.org) within one week of the notification of your bursary. You will be invited to meet with the CEO and a Review Committee member in a confidential setting to explain why you believe your application requires further review. If you are not satisfied with the result of this interview, you can appeal directly to the partner agency for a direct bursary from them.</p>

PLEASE PROVIDE THE FOLLOWING SUPPORTING DOCUMENTS:

1. Copy of your most recent tax return (personal and business), T4s, T5s and all other supporting documents such as child care payments, other sources of income, etc.
2. All sources of income for all family members must be reported.
3. If any family member owns a financial interest in a company, then financial statements of the company must be submitted (excluding statements for publicly traded corporations).

Your application **WILL NOT** be reviewed without the supporting documents.

The IBP (Integrated Bursary Program) reserves the right to refuse any or all applications which are incomplete. Applicants will be notified if there are any missing documents.

All forms should be returned to Elianna Lisa, IBP Manager at the Jewish Federation of Edmonton.

Scan and Email to: EliannaL@edjfed.org
 FAX to: (780) 481-1854 attn: Elianna Lisan Mail or Drop off to:
 Elianna Lisan
 Jewish Federation of Edmonton
 200, 10220-156 St.
 Edmonton, AB T5P 2R1

NB: If you are dropping off your application at the Jewish Community Offices, please place it in a sealed envelope addressed to Elianna Lisan, and mark it CONFIDENTIAL. All information will be held in the strictest of confidence!

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DATE FORM COMPLETED _____

Applicant Family Name: Last Name: _____ First Name: _____

Marital Status: _____

Children:

- 1) Name: _____ Date of Birth: _____ Entering Grade: _____ Age: _____
- 2) Name: _____ Date of Birth: _____ Entering Grade: _____ Age: _____
- 3) Name: _____ Date of Birth: _____ Entering Grade: _____ Age: _____
- 4) Name: _____ Date of Birth: _____ Entering Grade: _____ Age: _____
- 5) Name: _____ Date of Birth: _____ Entering Grade: _____ Age: _____

Home Address:	Postal Code:
Home Phone:	Cell Phone:
Email Address:	

Applicant's Occupation:
Employer:

Applicant's Spouse (includes any long term (1+ years) co-habiting partner):
Spouse's Employer:
Occupation:

Child's Mother/Father's Name (if different from above):	Please indicate who has legal custody of the Child/Children:

Address (if different from above):
Phone (if different from above):
Email (if different from above):
Occupation:
Employer:

Names and relationships of other individuals residing at the applicant's residence:

Name:	Relationship:
Name:	Relationship:

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PROGRAMS SUPPORTED THROUGH THE INTEGRATED BURSARY PROGRAM *

- 1) **Talmud Torah School** –Full Tuition: # Children
- A. Kindergarten – Grade 9 \$4650 per year
 - B. Second and subsequent Child \$4350 per year
 - C. Early Learning Centre
 - 2 Year Old - 2 Mornings (8:30 am -11:30 am) \$180 per month = \$1800 per year
 - 2 Year Old - 2 Full Days (8:00 am – 6:00 pm) \$380 per month = \$3800 per year
 - 2 Year Old - 5 Full Days (8:00 am – 6:00 pm) \$860 per month = \$8600 per year
 - 3 Year Old - 3 Mornings (8:30 am – 11:30 am) \$245 per month = \$2450 per year
 - 3 Year Old - 3 Full Days (8:00am – 6:00 pm) \$550 per month = \$5500 per year
 - 3 Year Old - 5 Full Days (Mon – Fri – 8:00 am – 6:00 pm) \$860 per month = \$8600 per year
 - 4 Year Old - 5 Mornings (Mon – Fri – 8:30-11:30 am) \$380 per month = \$3800 per year
 - 4 Year Old - 5 Full Days (Mon – Fri – 8:00 am – 6:00 pm) \$860 per month = \$8600 per year
 - Registration Fee For all Programs \$250 per family per year

Total Cost \$ _____

3) **CAMP BB RIBACK** –To ensure your child has a spot, please register at Camp BB (www.campbb.com) before April 1st (even though your bursary application will not be finalized until mid-May)

	# of Children		# of Children
July Session = \$2,589*	_____	Wonder Week 1(Jul. 3-10) = \$888*	_____
August Session = \$2,137*	_____	Wonder Week 2(Jul. 10-17) = \$888*	_____
Full Session = \$3,866*	_____	Wonder Week 3(Jul. 28-Aug. 4) = \$738*	_____
CIT Program = \$3,466*	_____	Wonder Week 4(Aug 4-11) = \$738*	_____
		Wonder Weekend (July 28-31) = \$453*	_____ Gr. 1-4 only

Total Cost \$ _____

4) **JCC Maccabi Games& Artsfest** \$1800* per participant #Children:
 (August2017) Total Cost \$ _____

5) **BBYO Membership** \$1000 *(includes conventions) # Children: Total Cost \$ _____

6) **ASPER HUMAN RIGHTS PROGRAM (May 2017)** \$2,025 * # Children: Total Cost \$ _____

7) **MARCH OF THE LIVING** (May, 2017) \$8500 Cdn. #Children: Total Cost: \$ _____

TOTAL COST OF COMMUNAL INVOLVEMENT: \$ _____

WE ARE ABLE TO INVEST \$ _____ BURSARY REQUEST \$ _____

* Prices are subject to change without notice and families are responsible for paying their portion of the GST if applicable.

** PLEASE NOTE Busing, lunches, after school care, day care, pre & post care, are not covered through IBP.

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Please attach a copy of your most recent:

- **tax assessment notice**
- **T4, T5 slips**
- **any other supporting documentation.**

- Do you or any member of your household own any interest in a company, business, or real estate (property) (other than your primary residence)? Yes _____ No _____

If Yes, provide details:

Please attach a complete financial statement for any business, company, or real estate described above.

INCOME STATEMENT

Total gross income earned by applicant: <i>{from last available T4's}</i>	\$
Total gross income earned by spouse <i>(if relevant)</i> :	\$
Did your salary change in 2015 or do you expect it to change in 2016 ? →	\$
Total gross income earned by children/dependents:	\$
Total gross income earned from investments and interest:	\$
Income from spousal support and child support:	\$
Income from monetary gifts from relatives or other sources:	\$
Income from child tax credit:	\$
Income from GST credit:	\$
Funds from all other sources:	\$
TOTAL INCOME:	\$

Have you applied to any other sources of funding for any of the programs for which you have requested a bursary? YES ____ NO ____ If YES please list other funding sources here.

1) _____ 2) _____ 3) _____

VALUE OF ASSETS OWNED BY HOUSEHOLD MEMBERS

If you own your home, what is the value of the equity? <i>(Home Value less mortgage = equity)</i>	\$
Outstanding mortgage or loan:	\$
Name of lender:	
Funds in savings account, term deposits, etc.:	\$
Present value of stocks, bonds, etc:	\$
Accumulated value of household savings plans (RRSPs, RESPs):	\$
Household cars and recreational vehicles:	
Model: _____ Year: _____	Purchase Price: \$ _____
Model: _____ Year: _____	Purchase Price: \$ _____
Model: _____ Year: _____	Purchase Price: \$ _____

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Other assets over \$5,000 (please specify):	\$
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EXPENDITURES:

	Annual 2015/2016
Mortgage Payments	
Property Taxes	
Rent	
Loans (Purpose _____)	
Leases (Purpose _____)	
Food	
Clothing	
Utilities (gas, hydro, phone, cable, internet)	
Car expenses (not including insurance)	
Insurance (car, home, life)	
Cost of vacations (list destinations)	
Registered Savings Plan Contributions	
Domestic services (nanny, maid, gardener, etc)	
Home improvement	
Entertainment	
* Pharmacy, Dental care and eye care	
Tzedakah (charity)	
Synagogue membership	
School/University expenses (list school/university) _____	
Child care expenses	
Camp expenses	
Memberships (JCC, health club, leisure centre)	
Classes/Activities (ballet, swimming, hockey, etc.)	
Outstanding Debt	
Miscellaneous	
TOTAL	

* Do you or your spouse have a medical/dental insurance plan? YES NO

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☐ We, the undersigned, agree to allow you to share the financial information contained herein, without the use of our name(s), with partner agencies so that we can obtain additional funds from those partner agencies if our requests herein are not received in full. We understand that any additional funds will be paid directly by the partner agencies without involvement of the Jewish Federation of Edmonton.

I UNDERSTAND THAT:

- 1. This application will be cancelled and/or any bursary withdrawn if any relevant information has been withheld, or is misleading in any way.
2. Incomplete applications or applications without accompanying documentation cannot be processed.
3. Upon approval of the bursary(ies) I must immediately submit (post dated cheques) for the balance of the payment to the appropriate agency.

To the best of my knowledge, I confirm that all of the information provided on this application is true and complete and that I shall notify the IBP Committee of any changes in my household's financial position which may occur during the next twelve months.

Applicant's Signature: _____ Date: _____

FOR COUNSELORS AND OFFICE USE ONLY

Counselor Name: (please print) _____ Date: _____

Counselor's Recommendation: Please be as specific as possible

☐ Extenuating Circumstances - Please explain:

Please provide a short summary of the family's circumstances: (You may use a separate page, if necessary)

Five horizontal lines for providing a short summary of the family's circumstances.

Counselor's Signature: _____



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Bursary Pays: \$ _____ Family Pays: _____

Review in 6 Months

YES

NO

JFE Signature