



**Associated Hebrew Schools of Toronto
Scholarship and Endowment Fund
Jewish Continuity Project**

Background Information

Student Name: _____ Email: _____

Address: _____ Postal Code: _____

Telephone Number: _____

Father's Name: _____ Business Telephone Number:

Mother's Name: _____ Business Telephone Number: _____

Grade: _____ Associated Hebrew Schools Campus:

Summer Camp attending: _____

Period and number of weeks: _____

Are you currently receiving financial assistance from the camp? Yes () No ()

If yes, how much?: \$ _____

(Please enclose a letter from the camp confirming this information)

Please feel free to provide any further information that you may feel will assist the Committee in evaluating your application. Separate letters may be appended to this application.

In applying for this award, the applicant agrees to comply with the conditions for eligibility set down in the Jewish Continuity Project brochure.

Signature

Date

PLEASE SEND APPLICATIONS TO:

Jewish Continuity Programme
Scholarship and Endowment Fund Committee
Associated Hebrew Schools of Toronto
252 Finch Avenue West, Toronto, ON, M2R 1M9

NOTES:

1. Application deadline is March 31. Please make sure that all supporting documents are attached or submitted by this date. Documents received after this time will unfortunately not be considered.
2. Please ensure that the application is completed in full. Incomplete documents will be returned and may jeopardize the eligibility of an applicant.