



BBYO Ontario
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bbyo.ca

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SCHOLARSHIP APPLICATION

We make every effort to award financial aid when circumstances require it. The vast majority of resources are dedicated to families with financial need, with a limited allocation based on merit. Our staff reviews each application in confidence and makes award decisions based on the information you provide in this application.

All families are strongly encouraged to check their local community agencies for scholarships in addition to those that may be provided by BBYO. Many organizations offer scholarships for Jewish educational and leadership experiences. These include JCCs, Federations, Synagogues and B'nai B'rith groups. We can provide you template letters to share with community agencies upon request.

Scholarship Applications should be sent by fax to 416.398.5780, by email to info@bbyo.ca or by standard mail to the address at the top of this page. Please check with our office for scholarship deadlines.

Teens requesting a scholarship must not discuss their applications or their rewards received with others. Doing so may jeopardize future scholarship eligibility.

Please note that scholarships are limited and most awards range from \$50-\$120 for local programs (e.g. Regional Conventions) and from \$100-\$800 for international programs (e.g. International Convention, March of the Living, Summer Experiences). A full scholarship is almost never granted.

APPLICANT INFORMATION				
Teen First Name:		Teen Last Name:		Region:
Home Address:				
City:		Province:		Postal Code:
Teen Email:				Chapter:
Parent(s) Name:				
Parent Email:				
Parent Home Phone:		Parent Cell phone:		
If teen does not reside with both parents, please indicate with whom the teen resides:				
DISCLAIMER AND SIGNATURE				
By signing below, we are stating that the information outlined above is accurate, and that the amount of scholarship funds we are requesting is necessary in order for the applicant to be able to attend this program. We realize that funds for financial assistance are very limited and that receiving the full amount of funds requested is not guaranteed. In order to receive scholarship awards, participants must successfully complete the program, which means participants must attend, and complete the program without any disciplinary problems. Should the participant be sent home for disciplinary problems, the participant must reimburse BBYO Ontario for the amount of the scholarship award.				
Teen Signature:				Date:
Parent Signature:				Date:

PROGRAM AND FINANCIAL REQUEST INFORMATION

Program Name:		Current High School Grade:	
Program Fee:	+	\$	
Expected Family Contribution:	-	\$	
JCC/Synagogue/Federation/Other Scholarship Contribution:	-	\$	
Total Scholarship Amount Requested from BBYO:	=	\$	

TEEN SECTION TO COMPLETE - PLEASE ATTACH ADDITIONAL PAGES IF NEEDED

Please list all offices/positions/chairs held in BBYO and dates:

Please list other BBYO Regional or International programs you have attended and dates:

How specifically will your Chapter, city, and/or Region benefit by your attendance at this particular program?

PARENT SECTION TO COMPLETE - PLEASE ATTACH ADDITIONAL PAGES IF NEEDED

What are the reasons for requesting these funds? Please note any extenuating financial circumstances (medical, job loss, unusual expenses, etc) or significant family expenses, including college or day school tuitions.

ADDITIONAL REQUIRED INFORMATION (TO BE COMPLETED BY REGIONAL STAFF)

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

FOR OFFICE USE ONLY

Date received:		Received by:		Scholarship award:	\$
Reviewed by:		Approved by:		Need/Merit:	Need <input type="checkbox"/> Merit <input type="checkbox"/>