



Lake Ontario Region

Prosserman JCC – 4588 Bathurst Street #1-22, Toronto, ON M2R 1W6

T. 416.398.2004 F. 416.398.5780 E. info@bbyo.ca

www.bbyo.ca

REGIONAL SCHOLARSHIP APPLICATION

Dear Parents,

BBYO is committed to providing meaningful Jewish experiences to all Jewish teens and makes 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. BBYO regional 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. Your regional office can provide you template letters to share with community agencies upon request.

Scholarship applications for International Convention must be received by December 5th.

Scholarship applications for Summer Programs must be received by April 1st.

Scholarship applications for Regional Programs must be received by the EarlyBird deadline for that program.

APPLICATIONS SHOULD BE SENT TO:

BBYO Lake Ontario Region | 4588 Bathurst Street #1-22 | Toronto, ON M2R 1W6

Tel (416) 398-2004 | Fax (416) 398-5780 | Email info@bbyo.ca

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

APPLICANT INFORMATION					
Teen First Name:		Teen Last Name:		Chapter:	
Home Address:					
City:		Province:		Postal Code:	
Teen Email:					
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:					

PROGRAM AND FINANCIAL REQUEST INFORMATION			
Program Name:		Current High School Grade:	
Listed Program Fee:	+	\$	
Estimated Transportation Fee:	+	\$	
Expected Parent/Family Contribution:	-	\$	
Expected Teen 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?

Explain how a specific BBYO experience (a program, a moment, a feeling) impacted your life. Note: Non-members may reference a non-BBYO experience such as a summer camp, youth group, day school or synagogue experience.

Why do you wish to participate in this particular program and what aspect of the program are you most excited about (and why)?

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"/>

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 attend and complete the program in its entirety. If the participant is dismissed from a program for disciplinary or other reasons, the participant must reimburse BBYO for the full amount of the scholarship award.

Teen Signature:		Date:	
Parent Signature:		Date:	

FOR OFFICE USE ONLY

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