

Max & Wendy Averbuch Bursary

Application Form

The information collected in this application will be held in confidence and used for the express purpose of selecting and disbursing this bursary.

Name:

Address:

Phone number:

University or college where you will be enrolled on September 1st of this year:

Program you will be enrolled in:

If this is not your first year in the program, Date of first enrollment:

Expected graduation date:

Demonstration of Financial Need:

We require applicants to report their income over the past three years as reflected in tax returns, and those of parents/guardians/spouses or others who are providing financial support. The Selection Committee will only use this information to determine an applicant's financial status.

Please complete the following table with your gross income as reported in your tax returns, and income of your parents/guardians/spouse if applicable:

	Applicant	Parents/guardians/spouse
Gross income from last year		
Gross income from 2 years ago		
Gross income from 3 years ago		

This bursary is intended for Jewish students who are enrolled in a health care program, in financial need, and preparing for a career in the Canadian public health care system.

In the space below please write a short essay describing your previous and current experience in the Jewish community and you plans for future involvement in the Jewish community. (Maximum 500 words, single spaced)

In the space below please complete a short essay describing your career aspirations in the Canadian public health care system. (Maximum 500 words, single spaced)

Please attach the following documents to this application

Copy of all university and college transcripts

Proof of current enrollment

Current curriculum vitae or resumé

An email from Temple B'nai Tikvah confirming membership in good standing