

שַׁעְרֵי שׁוֹמַיִם SHAAREI SHOMAYIM

The Max and Lena Sharp Foundation
470 Glencairn Avenue Toronto, Ontario M5N 1V8

Please Note: This Scholarship is available to members and friends of Shaarei Shomayim and their dependents.

Application Form

Date: _____

Name: _____

Date of Birth: _____ Age: _____

Telephone: (h) _____ (c) _____

Address: _____ City: _____ P.C.: _____

Family Information:

Father's Full Name: _____

Occupation: _____

Please Check: Self Employed _____ Employee _____ Partner _____

Mother's Full Name: _____

Occupation: _____

Please Check: Self Employed _____ Employee _____ Partner _____

Marital Status of your Parents: _____

Name and Ages of Siblings (please indicate if they are at school or working):

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Other than children, does your family have any other dependents? Please provide name(s), ages and indicate if they are in school or working.

Your marital status and number of dependents (if any): _____

Do your parents own their own home? Yes _____ No _____

Are your parents' members of any community, religious or Zionist organizations?
If yes, which ones?

Are you, or have you ever been a member of a youth organization? Which one(s)?

EDUCATION HISTORY:

SCHOOLS ATTENDED

DATE OF GRADUATION

Elementary: _____

Secondary School: _____

Post-Secondary:

ISRAEL STUDY

Which institution in Israel would you like to attend? (You may include more than one choice)

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Anticipated Expenses (travel, tuition, living costs, etc.)

Outline briefly your planned program of studies

Please provide the names of three (3) references who can be contacted:

Name

Full Address

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Are you applying for other scholarship assistance? If yes, where?

Have you been notified that you will be obtaining such assistance? If yes, in what amount?
