



Canadian Zionist Federation

FÉDÉRATION SIONISTE CANADIENNE הפדרציה הציונית בקנדה

HEBREW CULTURE OF CANADA DR LEON ARYEH KRONITZ MEMORIAL SCHOLARSHIP

APPLICATION FORM 2017-2018

NAME _____

ADDRESS _____ CITY, PROVINCE _____

POSTAL CODE _____ PHONE NUMBER _____

CELL NUMBER _____ EMAIL _____

PARENT/GUARDIAN NAMES _____

PARENT/GUARDIAN ADDRESS(ES) _____

PHONE _____ EMAIL _____

SCHOOL IN ISRAEL TO WHICH YOU HAVE BEEN ACCEPTED _____

(copy of letter of acceptance to be attached)

CURRENT HIGH SCHOOL/COLLEGE/UNIVERSITY _____

LEVEL _____ ANTICIPATED GRADUATION _____

HEBREW LEVEL

	FLUENT	GOOD	FAIR	POOR	NONE
SPEAK					
READ					
WRITE					

SOCIAL INSURANCE NUMBER _____

SIGNATURE OF

APPLICANT _____

PARENT/LEGAL GUARDIAN

SIGNATURE _____

PLEASE NOTE: This is an application only. It does not imply that you have been accepted by the Scholarship.

IN ADDITION TO THIS FORM , YOU MUST ALSO SEND:

- Your letter of acceptance, from the Israeli institution that you plan to attend
- One recent photo, not a photocopy
- Three letters of reference:
 1. Academic reference (current principal, professor, program director)
 2. Personal reference (not a family member)
 3. Demonstration of need
- The enclosed signed contract
- A 500 word essay, detailing your desire to study in Israel

PLEASE INCLUDE ADDITIONAL SOURCES OF FINANCIAL AID

Name of Source	Amount Requested	Application Date

DEADLINE FOR ALL APPLICATIONS IS MAY 31, 2017

Please send to:
Canadian Zionist Federation
5151 Cote St. Catherine Rd suite 206
Montreal QC H3W 1M6