

Bursary Application Form 2013

UJIA Financial Assistance Fund

Name of Programme (School)	
Name of Applicant	

Applicant should complete - Section 1, 2, 3, 4
Parent/Guardian should complete - Section 5,6,7,8

Please complete all sections of the form.
 When you have finished completing the form, please read and sign the Declaration below.

Parent/Guardian Declaration

I declare that the information that I have given in this Application Form is a true statement.

I accept that it is a condition of any financial assistance awarded, that in the event that my child/my ward does not complete the programme, changes from the programme to another or is dismissed from the programme for which the application is made, I shall, upon request of the Awards Committee of the Fund, immediately reimburse the Fund with the full amount of the financial assistance originally awarded.

I further agree that should this application be successful, my son/daughter will, on their return after the trip, write a 500 word reflection of their Israel experience. Extracts from this reflection may be used by the UJIA for fundraising purposes. Any extracts used will be published anonymously.

Signature of Parent/Guardian _____ Date _____

Print Name _____ Relationship to Applicant _____

What you must do now

- **Complete all sections of the form, failure to answer fully may affect the bursary.**
- **Ensure you send copies of proof of earnings or P60.**
- **If applicable, send the Independent Reference Form on to external referee – ensure they send it back to the School by**
- **Send this completed Application Form back to the School by Friday 2 November 2012.**

For office use only

NUMBER

REF

To be completed by applicant

1. Student Details

Name of Programme (School)	
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Your Name:	
Your Date of Birth:	
Your Address:	POSTCODE:
Your Home Telephone Number:	
Your Home Fax Number:	
Your E-Mail:	
Your Mobile:	
Parent/Guardian Address For Correspondence (if different from above):	POSTCODE:
Parent/Guardian Home Telephone Number (if different from above):	
Parent/Guardian Home Fax Number (if different from above):	
Parent/Guardian E-Mail Address:	
Parent/Guardian Mobile Phone Number:	

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NUMBER
REF

COMMENTS

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Use Only

To be completed by student. Complete all sections.

2. A little bit about you ...

Do you belong / have you belonged to a
Zionist Youth Movement or Jewish Youth Organisation?

Year	Movement/ Organisation	Activities/ camps attended

Why do you want to go on your programme?

How do you see your impact in school life changing after your return?

To be completed by student. Complete ALL sections.

COMMENTS

**For Official
Use Only**

Schools attended

Primary:

Secondary:

Have you been involved with any worthy activities at school?

Have you been involved with any extra-curricular activities outside of school?

To which Synagogue does your family belong?

Have you been to Israel before?
When? With whom?

Independent Reference

We would like someone else who is unrelated to you to tell us about you.

3. Character Reference

Independent Reference Form

You must obtain a character reference from someone unrelated to you.

Name, address and telephone number of referee
(please complete)

.....
.....
.....

TEL NO.....

Complete grey shaded areas on both pages of the Independent Reference Form
You must then send/give the referee the Independent Reference Form, which must be
completed and sent back marked
PRIVATE & CONFIDENTIAL to:

David Rose
King David School
Eaton Road
Manchester
M8 6DY

Please remind them that this form must be returned by Friday 2 November 2012.

COMMENTS

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Use Only

To be completed by student. Complete **ALL** sections.

4. Your own efforts to raise funds

4a Have you made any efforts to raise money e.g. job, babysitting, odd jobs?
N.B. We expect the applicant to demonstrate willingness to contribute.

4 b Do you have any savings that you can contribute?

4 c Have you approached your synagogue for financial assistance?

Name of Synagogue:

Name of Rabbi.....

To be completed by parent/guardian. Complete ALL sections.

5. Family Details

Married

Divorced

Separated

Widowed

Single

Other

Person(s) completing application please tick here

Parent/ Guardian 1		Occupation		
Relationship to Applicant				
Parent/ Guardian 2		Occupation		
Relationship to Applicant				

Do you intend visiting your child in Israel?

Yes

No

We would like to have a sense of your family obligations.

DO NOT WRITE ANY NAMES IN THIS SECTION: i.e. write 'son', 'daughter', 'wife'.

Please list all the dependants you are supporting

Relationship to Applicant (Do not write any names in this section)	Male/ Female	Age	Occupation

Are any of your other children participating in another camp/activity this year?

Son or Daughter (Do not write any names in this section)	Organising Body (e.g. BBYO)	Activity (e.g. Winter Camp)	Cost
			£
			£
			£

Have you applied for financial assistance for Youth Movement or School activities in the past?

Year	Relationship to Applicant	From whom (e.g. UJIA)	Amount received	Organising Body (e.g. BBYO)	Activity (e.g. Winter Camp)
			£		
			£		
			£		
			£		

To be completed by parent/guardian. Complete ALL sections.

6. Family Financial Details

We appreciate that this may be a difficult page to complete.
We want to reassure you of the strict confidential nature of this application.

6 a Family Income and Expenditure			
Income (monthly) Net of Tax		Expenditure (monthly)	
Parent / Guardian 1 income	£	Rent / Mortgage	£
Parent / Guardian 2 income	£	Council Tax	£
Income Support	£	Water	£
Incapacity Benefit	£	Electricity	£
Child Benefit	£	Gas	£
Working Families Tax Credit	£	Insurance	£
Housing benefit	£	Fares / Travel	£
Council Tax Credit	£	Household (food / laundry)	£
Maintenance (from other parent)	£	Clothing	£
Pensions	£	School meals	£
Interest / Savings / Shares	£	Child minding	£
Grants or bursaries	£	Hire Purchase Commitments	£
Other:	£	Telephone	£
Other:	£	Synagogue fees	£
Other:		School fees	£
		Other:	£
		Other	£
TOTAL MONTHLY INCOME	£	TOTAL MONTHLY EXPENDITURE	£

PLEASE ENCLOSE PHOTOCOPY OF PROOF OF EARNINGS
i.e. A copy of your P60, (if self employed – current accounts), proof of income support
Details of both parents/guardians are required.

**NO APPLICATION WILL BE CONSIDERED WITHOUT
ALL THIS INFORMATION AND DOCUMENTATION ATTACHED**

6b Other Family Financial Assistance

Would any other members of your family (e.g. ex-spouse, grandparents, uncles, aunts) be prepared to give financial assistance?

6c Other Financial Information

Please list the value of all assets and liabilities that you have

Assets (£)		Liabilities (£)	
Owner occupied property	£	Mortgage	£
Other Property	£	Credit / debit cards / store cards	£
Stocks, shares & bonds	£	Hire Purchase / loans	£
Cash in Bank & building society	£	Other	£
Other (please detail)	£	Other (please detail)	£

To be completed by parent/guardian.

7. Reason for financial assistance application

Please could you tell us your particular circumstances why you are applying for Financial Assistance.
Please be careful **not** to write any names in this section and do not **sign** at the foot of the page.
This page must be completed

To be completed by parent/guardian.

8. Amount that you are applying for:

Please fill in the grey-shaded areas

PROGRAMME COST		£1,260	8a
Contribution from parent/s or guardian/s (including deposit) <small>We cannot process your application if this question is left unanswered</small>	£		8b
	+		
Contribution from young person	£		8c
	+		
Contribution from synagogue	£		8d
	+		
Contribution from other family members	£		8e
	+		
Contribution from other sources.	£		8f
<div style="border: 1px solid black; padding: 5px; display: inline-block;"> TOTAL = </div>		£	8g

*Add up
8b+8c+8d+
8e+8f*

*Subtract
8a-8g
to get financial
assistance
request*

FINANCIAL ASSISTANCE REQUEST	£	8a - 8g
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Please go back to page1, read and sign the Parent/Guardian Declaration

Thank You

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SCHOOL CONTRIBUTION	£	8h
AMOUNT REQUESTED FROM UJIA FINANCIAL ASSISTANCE FUND	£	8j