

2018/2019



Application for Bursary for UJA Supported Programs 2018/2019

Dear Community Member,

Calgary Jewish Federation's Integrated Bursary Program was created to make the process of applying for a bursary more dignified, anonymous, effective and fair. Families apply with one application. All schools, programs and services that are covered by bursaries are on one application form, for all family members and for the entire year.

THE VALUES OF THE IBP

Anonymity - Only the Calgary Jewish Federation IBP Manager, IBP Administrator, your counselor and appropriate person (**info on page 3**) at the agencies where you are applying will be aware of your application to the IBP. The community members making decisions will only have file numbers – no names. This information will be held in the strictest of confidence.

Dignity - You can apply for a bursary to many communal programs at one time. We recognize that families do not wish to complete forms and request bursaries at each agency. This process has been centralized to make it more streamlined and dignified.

Equity - Each application will be judged on its own merits. The same standard will be applied with respect to each program. Applications will be evaluated in accordance to the current income guidelines to ensure equity of contributions. There will be no variations as it is a single centralized process maximizing the number of Jewish families and individuals participating.

BASIC INFORMATION

- It is Calgary Jewish Federation's policy that families and individuals needing a bursary be accommodated if at all possible. We are committed to the ideal that no member of the Jewish community be denied a Jewish educational, social, or cultural experience. Those families that do not have the financial resources to pay full fees will be considered for a bursary.
- *Bursaries are awarded based on need, financial circumstances of applicants and available community funds. Priority is given to those most in need.*
- Families/Individuals who wish to appeal the results of their assessment must do so within one week in writing to Calgary Jewish Federation.
- Families must fulfill the volunteer expectations articulated by each participating agency.
- A bursary in one year does not guarantee the same level of bursary in another year. Each year must be treated differently to reflect available funds and family circumstances. Therefore, each family/individual must re-submit their application and supporting documents on a yearly basis.

DEADLINE TO SUBMIT IBP APPLICATION >>> APRIL 1ST, 2018

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PROCESS

<p>1) Complete application form (attached)</p>	<p>Photocopy all supporting documents. Send/deliver/email application and supporting documentation to Paula Egelnick at Calgary Jewish Federation in the JCC or pegelnick@jewishcalgary.org before April 1st 2018</p>
<p>2) Schedule an appointment with a Community Counselor</p>	<p>A counselor will call you to arrange an appointment at a mutually convenient location and time. Appointments must be completed by April 27th, 2018</p> <p>IF YOU HAVE A PREFERENCE FOR A COUNSELOR, PLEASE INDICATE THIS ON YOUR APPLICATION</p>
<p>3) Meet your Community Counselor</p>	<p>At this appointment, the counselor will learn about your family, your Jewish connections, Jewish interests and priorities. Your counselor will ensure that your application form is completed properly and ensure supporting documents are in order. You and your counselor will decide upon your contribution to the Jewish programs for which you have applied.</p>
<p>4) Recommendation</p>	<p>Based on your program priorities, your income and expense statements, your supporting documentation, etc. your counselor will recommend the mutually agreed upon contribution to the IBP Review Committee.</p>
<p>5) IBP Review Committee</p>	<p>Your file will be presented to a small committee comprised of community volunteers. YOUR NAME WILL NOT APPEAR ON YOUR FILE WHICH WILL PRESERVE YOUR ANONYMITY. Each file will be reviewed and the counselor’s recommendation will be accepted or amended. The results will be communicated to you by Calgary Jewish Federation by mid-May.</p>
<p>6) Final Step</p>	<p>a) You will be either emailed or sent a letter in the mail from Calgary Jewish Federation which will show the amount you are responsible for paying to each agency. If you are in agreement with the terms, please sign the bottom of the last page and return to Calgary Jewish Federation.</p> <p>b) Upon receipt of your letter, please contact the appropriate person at the agencies to discuss your payment schedule. See next page for contact information.</p> <p>c) Calgary Jewish Federation will pay the bursary portion directly to the particular agencies.</p> <p>d) Please contact the appropriate person (info on page 3) at the agency as soon as possible to complete the registration process to ensure your child/children can participate. (even before the bursary has been confirmed)</p>
<p>7) Appeal Process</p>	<p>If you are dissatisfied with the decision of the Review Committee, you can appeal to the Calgary Jewish Federation, by sending an email correspondence within one week of the notification of your bursary. You will be invited to meet with the Review Committee in a confidential setting to explain why you believe your application requires further review.</p>

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Please be aware that acceptance by IBP does not guarantee admission to any of the programs. Please contact the agencies as soon as possible to register (even before the bursary has been confirmed)

To register at Akiva Academy

Please only contact Rabbi Greenwald at 403-258-1312 or email rabbigreenwald@akiva.ca

To register at Calgary Jewish Academy

Please only contact the Accounting Department at 403-253-3992 Ext 322 or email pepind@cja.ab.ca

To register for Camp BB Riback

Please only contact Camp Director, Eytan Graubart at 403- 991-3486 or email eytan@campbb.com

To register for JCC Membership, Summer Camp & BBYO

Please only contact Nessie Hollander at 403-537-8599 or email nhollander@cjcc.ca

IBP Guidelines - What Families Can Expect to Pay

In assessing the family’s contribution to the programs requested, the counselors and review committee will use the following guidelines. The family’s specific circumstances will be taken into account as well.

Total Family Income From All Sources	Family Pays
\$20,000 - \$35,000	\$250 - \$1,200
\$35,000 - \$50,000	\$1,200 - \$4,500
\$50,000 - \$70,000	\$4,500 - \$7,000
\$70,000 - \$100,000	\$7,000 - \$12,000
\$100,000 - \$130,000	\$12,000
\$130,000 +	Discretion of the IBP Review Committee

If the total cost of the service (i.e. schools/camp) you are requesting is lower than the amount you would be asked to pay according to the guidelines, it is likely that your request will be denied.

For example, if you are earning \$50,000 - \$ 70,000, the amount you would be asked to contribute would be \$4,500 - \$7,000. If you wanted to send 2 children to JCC Summer Camp for 2 weeks, valued at \$1,000, you would not be eligible for a bursary.

Eligibility for Camp

Only families where both parents are employed outside the home will be considered for 6-8 weeks of JCC Summer camp or Full session at Camp BB Riback.

If either parent is at home, families may apply for 2-4 weeks of camp per child.

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**CHECKLIST**

- I have filled out pages 5 – 9 of the application
- I have stated how much I can invest in Jewish Life (page 6)
- I have signed the last page of the form (page 9)
- I have included copies of my most recent tax return (personal and business), T4s, T5s, Notice of Assessment, Child Tax Benefit Statement and all other supporting documents
- I have included financial statements of any family member that owns a financial interest in a company (if applicable)

Applicants will be notified if there are any missing documents

Your application **WILL NOT** be reviewed without all required documents.

All forms should be returned to Paula Egelnick, IBP Administrator at Calgary Jewish Federation.

Scan and Email to: pegelnick@jewishcalgary.org

Mail or Drop off to: **Paula Egelnick**
Calgary Jewish Federation
1607 – 90 Ave. SW
Calgary, AB T2V 4V7

NB: If you are dropping off your application at the JCC, please place it in a sealed envelope to Paula Egelnick and mark it CONFIDENTIAL.

All information will be held in the strictest of confidence!

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PERSONAL INFORMATION PAGE

DATE FORM COMPLETED _____

Applicant Family Name: Last Name: _____ First Name: _____

Marital Status: _____ Partner's Name: _____

Children:

- 1) Name: _____ Date of Birth: _____ Entering Grade: _____ Age: _____
- 2) Name: _____ Date of Birth: _____ Entering Grade: _____ Age: _____
- 3) Name: _____ Date of Birth: _____ Entering Grade: _____ Age: _____
- 4) Name: _____ Date of Birth: _____ Entering Grade: _____ Age: _____

Please use back of application if more space is needed:

Home Address:	Postal Code:
Home Phone:	Cell Phone:
Email Address:	

Applicant's Occupation:
Employer:

Partner's Occupation:
Employer:

In case of divorce, where do the children live:
Child's Mother/Father's Name (if different from above):
Address (if different from above):
Phone (if different from above):
Email (if different from above):
Occupation:
Employer:

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PROGRAMS SUPPORTED THROUGH THE IBP

1) **AKIVA ACADEMY – Full Tuition** # Children
 A. Kindergarten – Grade 9 = \$8,200
 B. Nursery/Pre-Kindergarten = \$4,100 Total Cost \$ _____

2) **CALGARY JEWISH ACADEMY – Full Tuition** # Children
 A. Grades 1- 9 = \$10,900
 B. Nursery/JK/Kindergarten (5 morn) = \$ 6,600 Total Cost \$ _____
 C. Nursery (3 morn) = \$ 5,550

3) **CAMP BB RIBACK**

July Session = \$2,750*	_____	Children’s Name	Wonder Week 1 (Jul 4 -11) = \$899*	_____	Children’s Name
August Session = \$1,800*	_____		Wonder Week 2 (Jul 29-Aug5) = \$899*	_____	
Full Session = \$3,750*	_____		Wonder Weekend (Aug 10-12) = \$524*	_____	Gr. 1-4 only
CIT Program = \$3,600*	_____				

Total Cost \$ _____

4) **JCC MEMBERSHIP**

Family \$1088*	<input type="checkbox"/>	Single Parent Family \$756*	<input type="checkbox"/>	
Individual \$664*	<input type="checkbox"/>	Couple \$979*	<input type="checkbox"/>	Total Cost \$ _____

5) **JCC SUMMER CAMP** > \$253 */week/child

Child Name _____		
No. of Weeks: _____		
Child Name _____		Total Cost \$ _____
No. of Weeks: _____		

6) **BBYO MEMBERSHIP** \$1000 * (includes conventions) # Children Total Cost \$ _____

7) **WASHINGTON PROGRAM** \$2,500 * # Children Total Cost \$ _____

TOTAL COST OF COMMUNAL INVOLVEMENT \$ _____

WE ARE ABLE TO INVEST IN JEWISH LIFE \$ _____

* Prices all Inc. GST and are subject to change

** PLEASE NOTE Busing, JCC Summer Camp lunches, after school care, day care, pre & post care, are not covered through IBP

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FINANCIAL STATUS

Please attach a copy of your most recent:

- *Notice of Tax Assessment from previous year*
- *T4, T5 slips for 2017*
- *Current Property Tax Assessment Notice.*
- *Current Child Tax Benefit Statement.*
- *Proof of mortgage payments*
- *A complete financial statement for any business, company, or real estate in which you or your partner has an interest*
- *Any other supporting documentation may be requested*

INCOME STATEMENT

Total gross income earned by applicant: {from last available T4s}	\$
Total gross income earned by partner (if relevant):	\$
Total gross income earned by children:	\$
Total gross income earned from investments and interest:	\$
Income from spousal support and child support:	\$
Income from Section 7 expenses (proportion paid _____ %)	\$
Income from monetary gifts from relatives or other sources:	\$
Income from child tax credit:	\$
Income from GST credit:	\$
Funds from all other sources (i.e. rental properties , tenants)	\$
TOTAL INCOME:	\$

Did your salary change in 2017 or do you expect it to change in 2018?

Please Explain -

VALUE OF ASSETS OWNED BY HOUSEHOLD MEMBERS

If you own your home, what is the value of the equity? (<i>Home Value less mortgage = equity</i>)	\$
Outstanding mortgage or loan:	\$
Name of lender:	
Funds in savings account, term deposits, etc.:	\$
Present value of stocks, bonds, etc.:	\$
Accumulated value of household savings plans (RRSPs, RESPs, TFSAs):	\$
Household cars and recreational vehicles:	
Model: _____ Year: _____	Purchase Price: \$ _____
Model: _____ Year: _____	Purchase Price: \$ _____
Model: _____ Year: _____	Purchase Price: \$ _____
Other assets over \$5,000 (please specify):	\$
Outstanding Debt:	\$

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Annual CALGARY
JEWISH FEDERATION
2018/2019

EXPENDITURES

Mortgage Payments	
Property Taxes	
Rent	
Loans – Purpose _____	
What is your minimum payment annually?	
Leases – Purpose _____	
What is your minimum payment annually?	
Food	
Clothing	
Utilities (gas, hydro, phone, cable, internet)	
Car expenses (not including insurance)	
Insurance (car, home, life)	
Cost of vacations (list destinations)	
Registered Savings Plan Contributions (RRSP / RESP / TFSA)	
Domestic services (nanny, cleaner, gardener, etc.)	
Home improvement	
Entertainment	
Pharmacy, Dental care and eye care	
Tzedakah (charity)	
Synagogue membership	
School/University expenses (list school/university)	
Child care expenses	
Camp expenses	
Memberships (JCC, health club, leisure centre)	
Classes/Activities (ballet, swimming, hockey, etc.)	
Miscellaneous	
TOTAL	

Do you or your partner have a medical/dental insurance plan? YES NO

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I UNDERSTAND THAT:

- 1. *This application will be cancelled and/or any bursary withdrawn if any relevant information has been withheld, or is misleading in any way. Missed information may jeopardize any future applications.*
- 2. *Incomplete applications or applications without accompanying documentation cannot be processed.*
- 3. *Upon approval of the bursary I must immediately arrange payment of my family's contribution to the agencies.*

To the best of my knowledge, I confirm that all of the information provided on this application is true and complete and that I shall notify the IBP Committee of any changes in my household's financial position which may occur during the next twelve months.

Applicant's Signature: _____ Date: _____

FOR COUNSELORS AND OFFICE USE ONLY

Counselor Name: (please print) _____ Date: _____

Counselor's Recommendation: Please be as specific as possible

Extenuating Circumstances – Please explain:

Please provide a summary of the family's circumstances: (You may use a separate page, if necessary)

Counselor's Signature: _____

Review in 6 Months

YES NO

Bursary Pays: \$ _____ Family Pays: _____