

Dear Community Member,

Calgary Jewish Federation's Integrated Bursary Program (IBP) 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.

### VALUES OF THE IBP

**Anonymity.** Only a limited number of IBP staff / volunteers, 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 with 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 IS FRIDAY, APRIL 9, 2021.**



Calgary Jewish Federation is a participating charity  
in Shaw Birdies for Kids presented by AltaLink.

All donations made through *Birdies for Kids* will be  
matched up to 50% making your donation go even further!

### PROCESS

- 1. Complete application form (attached).** Photocopy all supporting documents. Send / deliver / email application and supporting documentation attention to IBP at Calgary Jewish Federation in the JCC offices or email IBP@jewishcalgary.org before **April 9, 2021**. If emailing, please include scanned supporting documents.
- 2. Schedule an appointment with a community counselor.** You may be required to meet with a community counselor. If this is the case, a counselor will call you to arrange an appointment at a mutually convenient location and time.
- 3. Meet your community counselor (if applicable).** At this phone / virtual 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. It is possible that returning IBP recipient families might be fast-tracked if there is deemed to be no significant change in status from the previous year and if their file is complete. Regardless, IBP reserves the right to schedule a phone / virtual meeting with recipient families anytime during the process and / or during the year.
- 4. Recommendation.** Based on your program priorities, income and expense statements, supporting documentation, etc. your counselor will recommend the mutually agreed upon contribution to the IBP Review Committee.
- 5. IBP Review Committee.** 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 once determined.
- 6. Final step.**
  - 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.
  - Upon receipt of your letter, please contact the appropriate person at the agencies to discuss your payment schedule. **See next page for contact information.**
  - Calgary Jewish Federation will pay the bursary portion directly to the particular agencies.
  - **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(ren) can participate – even before the bursary has been confirmed.**
- 7. Appeal process.** If you are dissatisfied with the decision of the Review Committee, you can appeal to Calgary Jewish Federation by sending an email correspondence within one week of the notification of your bursary. You will be invited to meet with members of the Review Committee in a confidential setting to explain why you believe your application requires further review.

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

### Halpern Akiva Academy

Please only contact the School Office at 403-258-1312 or email office@akiva.ca

### The Calgary Jewish Academy

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

### Camp BB Riback

Please only contact Camp Director, Stacy Shaikin at 587-988-9771 or email shaikin@campbb.com

### Calgary JCC

**Membership:** Please only contact Zain Hoosen (Sun-Thurs) at 403-537-8597 or email zhoosen@cjcc.ca

**Summer Camp:** Please only contact Doralynn Fiddler (Mon-Fri) at 403-537-8593 or email dfiddler@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.

**If the total cost of the service (i.e. school / 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.**

Total Family Income from all Sources	Family Pays
\$20,000 - 35,000	\$250 - 1,500
\$35,000 - 50,000	\$1,500 - 5,000
\$50,000 - 70,000	\$5,000 - 8,000
\$70,000 - 100,000	\$8,000 - 13,000
\$100,000 - 120,000	\$13,000+

For example, if you are earning \$50,000 to 70,000, the amount you would be asked to contribute would be \$5,000 to 8,000. If you wanted to send two children to JCC Summer Camp for two 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 six to eight weeks of JCC Summer camp or full session at Camp BB Riback. If either parent is at home, a family may apply for two to four weeks of camp per child.**

### CHECKLIST

I have filled out pages 5 to 10 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 10).

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.

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**All forms should be returned to Tabby Khumalo, IBP Administrator at Calgary Jewish Federation.**

**Scan and email to:**

ibp@jewishcalgary.org

**Mail or drop off to:**

IBP  
Calgary Jewish Federation  
1607 90 Avenue SW  
Calgary, AB, T2V 4V7

**If you are dropping off your application at the JCC, please put it in a sealed envelope addressed to Tabby and mark it CONFIDENTIAL.**

**All information will be held in the strictest of confidence!**

### PERSONAL INFORMATION PAGE

Date Form Completed \_\_\_\_\_

Applicant Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Marital Status \_\_\_\_\_ Partner's Name \_\_\_\_\_

Children (please use back of application if more space is needed)

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 \_\_\_\_

Home Address \_\_\_\_\_

Postal Code \_\_\_\_\_ Email \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Applicant's Occupation \_\_\_\_\_

Applicant's Employer \_\_\_\_\_

Partner's Occupation \_\_\_\_\_

Partner's Employer \_\_\_\_\_

If divorced, where do children live \_\_\_\_\_

If different from above: Child's Parent's Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

Occupation \_\_\_\_\_

Employer \_\_\_\_\_

### PROGRAMS SUPPORTED THROUGH THE IBP

#### 1. Halpern Akiva Academy – Full Tuition

- Kindergarten – Grade 9      \$9,000 x \_\_\_\_\_ (number of children)
- Nursery / Pre-kindergarten      \$4,550 x \_\_\_\_\_ (number of children)      Total Cost \$ \_\_\_\_\_

#### 2. The Calgary Jewish Academy – Full Tuition (¹Five mornings, ²Three mornings). Rate subject to change.

- Grade 1 – 9      \$11,725 x \_\_\_\_\_ (number of children)
- Nursery / JK / Kindergarten¹      \$7,200 x \_\_\_\_\_ (number of children)
- Nursery²      \$6,025 x \_\_\_\_\_ (number of children)      Total Cost \$ \_\_\_\_\_

#### 3. Camp BB Riback (³Prices do not include GST and are subject to change)

- July Session      \$3,276³      child(ren)'s name(s) \_\_\_\_\_
- August Session      \$2,676³      child(ren)'s name(s) \_\_\_\_\_
- Full Session      \$4,959³      child(ren)'s name(s) \_\_\_\_\_
- Wonder Week 1 (July 27-Aug 5)      \$1,210³      child(ren)'s name(s) \_\_\_\_\_
- CIT Program      \$4,150³      child(ren)'s name(s) \_\_\_\_\_
- CIT – First Session      \$2,640³      child(ren)'s name(s) \_\_\_\_\_
- CIT – Second Session      \$2,129³      child(ren)'s name(s) \_\_\_\_\_

Total Cost \$ \_\_\_\_\_

#### 4. Calgary JCC Membership (³Prices do not include GST and are subject to change)

- Family      \$1,113³
- Couple      \$1,005³
- Single Parent Family      \$790³
- Individual      \$695³      Total Cost \$ \_\_\_\_\_

#### 5. Calgary JCC Summer Camp (³Prices do not include GST and are subject to change)

- Child Name \_\_\_\_\_ \$275³ x \_\_\_\_\_ (number of weeks)
- Child Name \_\_\_\_\_ \$275³ x \_\_\_\_\_ (number of weeks)      Total Cost \$ \_\_\_\_\_

**TOTAL COST OF COMMUNAL INVOLVEMENT**      \$ \_\_\_\_\_

**WE ARE ABLE TO INVEST IN JEWISH LIFE**      \$ \_\_\_\_\_

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

### FINANCIAL STATUS

Please attach a copy of your most recent:

**Notice of Tax Assessment from previous year**

**T4, T5 slips for 2020**

**Current Property Tax Assessment Notice**

**Current Child Tax Benefit Statement**

**Proof of mortgage payments and balances**

**A complete financial statement for any business, company, or real estate in which you or your partner has an interest**

**Any other supporting documentation that illustrates your financial snapshot. Please include additional worksheets if needed. Additional materials might be requested / required.**

### INCOME STATEMENT

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

**Did your salary change in 2020 or do you expect it to change in 2021? Please Explain.**

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### VALUE OF ASSETS OWNED BY HOUSEHOLD MEMBERS

**If you own your home, what is the value of the equity**

(Home value less mortgage = equity)

\$ \_\_\_\_\_

**Outstanding mortgage or loan including credit cards**

\$ \_\_\_\_\_

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**

\$ \_\_\_\_\_



### EXPENDITURES

### ANNUAL (2020/2021)

**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** \$ \_\_\_\_\_

Name of school / university \_\_\_\_\_

**Child care expenses** \$ \_\_\_\_\_

**Camp expenses** \$ \_\_\_\_\_

**Memberships** (JCC, health club, leisure centre) \$ \_\_\_\_\_

**Classes / Activities** (ballet, swimming, hockey, etc.) \$ \_\_\_\_\_

**Miscellaneous** (list) \_\_\_\_\_ \$ \_\_\_\_\_

**TOTAL** \$ \_\_\_\_\_

Do you or your partner have a medical / dental insurance plan:    Yes    No

### 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 \_\_\_\_\_ Date \_\_\_\_\_

#### Counselor's Recommendation

\_\_\_\_\_  
\_\_\_\_\_

**Extenuating Circumstances** – Please explain and provide a summary of the family's circumstances (use a separate page if necessary).

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Counselor's Signature \_\_\_\_\_

Review in six months:  Yes  No      BURSARY PAYS \$ \_\_\_\_\_      FAMILY PAYS \$ \_\_\_\_\_