



Integrated Bursary Program

100, 10220-156 St. Edmonton, AB T5P 2R1 (780) 487-0585, www.jewishedmonton.org

Welcome Community Member to the Integrated Bursary Program!

The **Edmonton Jewish Community Integrated Bursary Program (IBP)** was created to support families who need assistance sending their children to Jewish Programs offered in Edmonton. Through IBP, families apply with one application for schools, programs and services covered by bursaries from the Jewish Federation of Edmonton and its partners.

THE VALUES OF THE IBP: Jewish Life in Edmonton is within your reach!

The IBP process of applying for a bursary or bursaries was designed to be dignified, anonymous, and fair.

Dignity - You only need to make one application for all Jewish schools and programs funded by IBP, and you can apply to many programs at one time. This process has been centralized to make it easier and standardized.

Anonymity - Only one Jewish Federation staff member and the senior accountant at the places where you are applying will be aware of your application to the IBP. The committee making decisions will only have file numbers – no names. Your information will be held in the strictest of confidence.

Fairness - Each application will be judged on its own merits. The same standards will be applied to each program and each application.

BASIC INFORMATION:

- It is the IBP Committee's policy that **families and individuals needing a bursary will get one, if at all possible.** No member of the Jewish community will be denied a Jewish educational, social, or cultural experience. Those families that do not have the financial resources to pay full fees will be eligible for a bursary.
- **Bursaries are awarded based on need, financial circumstances 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 before the appeal deadline** in writing to the IBP Committee, who will evaluate the appeal.
- **Getting a bursary in one year does not guarantee a bursary in the next year.** Each year is treated differently due to changes in available funds and family circumstances.

Each family/individual must re-submit their application and supporting documents in each year that they wish to receive a bursary. **You can only apply for a bursary if your accounts from the previous year have been paid in full.**

DEADLINE TO SUBMIT IBP APPLICATION >>> May 31, 2021

HOW TO APPLY:

1. **Complete the application form.** Find where your family fits on the grid, complete the pages required based on the instructions below the grid.
2. **Turn your package in to the IBP Administrator.** Send/deliver/email application and supporting documentation to **Jennifer Brownridge** at the Jewish Federation of Edmonton, or **jenniferb@edjfed.org** on or before **May 31, 2021**. She will ensure that your application form is completed properly and supporting documents are included. If you have trouble filling out the form, please call her: (780) 487-0585 x 202.
3. **Make sure you have also registered your child with the appropriate school or program using their own registration forms.**
4. **The Integrated Bursary Committee will review your application.** Your application will be looked at by a small committee comprised of volunteer community members from the partner agencies. **YOUR NAME WILL NOT APPEAR ON YOUR APPLICATION, WHICH WILL PRESERVE YOUR ANONYMITY.** Only the IBP Administrator will see your name while the application is being adjudicated.
5. **You will receive a letter outlining the Committee's decision.** The decision of the Committee will be sent by **June 25, 2021**.
6. **You have the right to appeal the decision to the Committee.** If you are not satisfied with the decision, **you can appeal it by June 30, 2021**.
7. **Arrange your payment plan with the appropriate agency.** Contact the agency for which you received the bursary in order to set up a payment plan. Your bursary will be sent directly to those agencies.

PLEASE PROVIDE THE FOLLOWING SUPPORTING DOCUMENTS:

1. A copy of both parents' **most recent personal and business tax returns (Notice of Assessment)**;
2. **T4s, T5s** and all other supporting documents such as:
3. Child care payments, other sources of income, etc.
4. **All sources of income** for all family members must be reported.
5. If any family member owns a financial interest in a company, then financial statements of the company must be submitted (excluding statements for publicly-traded corporations).

The committee relies on the information provided in supporting documents to make a timely and fair decision. **Without supporting documents, the committee cannot make a decision on**

your file. Your information is kept in the strictest confidence. **The IBP (Integrated Bursary Program) reserves the right to refuse any or all applications which are incomplete.**

Applicants will be notified if there are any missing documents.

****All forms should be returned to Jennifer Brownridge, IBP Administrator at the Jewish Federation of Edmonton by May 31, 2021****

IBP Basic Grid 2021 – Exceptions Allowed – Family Pays (Minimums)

No. of Children → Family Income	1	2	3	4	5	6
Under \$25,000	\$50.00	\$50.00	\$50.00	\$50.00	\$50.00	\$50.00
\$25,001-\$37,500	\$180.00	\$180.00	\$180.00	\$180.00	\$180.00	\$180.00
\$37,501-\$50,000	25%	25%	20%	15%	15%	10%
\$50,000-\$75,000	30%	30%	25%	20%	20%	15%
\$75,001-\$87,500	40%	35%	30%	25%	25%	20%
\$87,501-\$100,000	60%	50%	45%	40%	40%	35%
\$100,001-\$125,000	80%	75%	65%	60%	60%	55%
\$125,001-\$150,000	100%	95%	85%	75%	70%	65%
\$150,001-\$200,000	100%	100%	95%	90%	80%	70%
Over \$200,000	100%	100%	100%	100%	100%	100%

HOW TO USE THIS GRID:

Use your total family income according to your Tax Return and number of children in the family to find out which bracket you fall into, and which forms you should fill out and hand in.

GREEN: T4 and Notice of Assessment; Programs, Personal Information, Terms, Conditions & Extenuating circumstances. **(3 pages, Green only).**

YELLOW: T4 and Notice of Assessment; Programs, Personal Information, Terms, Conditions & Extenuating circumstances, Statement of Expenses. **(4 pages, Green & Yellow).**

BLUE: T4 and Notice of Assessment; Programs; Personal Information, Terms, Conditions & Extenuating Circumstances, Statement of Expenses, Income & Asset Statement. **(5 pages, Green, Yellow & Blue)**

All applicants must fill out pages 1, 2 & 3: Programs, Personal Information, Terms, Conditions & Extenuating Circumstances (Green)

Note: If your T4s and Notice of Assessments fall into different categories, your percentage category on the chart will be the average of the two.

****SHORT TRACK OPTION****

[] Check here if: Based on the grid above and my total family income, I accept the bursary amount as stated and therefore **I only have to fill out page 1, 2 & 3 of the form** and provide my T4 and Notice of Tax Assessment.

Scan and Email to: jenniferb@edifed.org

or Mail or Drop off to: Jennifer Brownridge
Jewish Federation of Edmonton
100, 10220-156 Street Edmonton, AB T5P 2R1

PROGRAMS SUPPORTED THROUGH THE IBP Page 1*

1) TALMUD TORAH SCHOOL

First child	# of Children	Tuition
a. Kindergarten	_____	\$3,200
b. Grade 1-9	_____	\$4,900
Second & subsequent children (K)*	_____	\$2,950
Second & subsequent children (1-9)*	_____	\$4,350

Total Cost \$_____

- For Kinder Arts and ELC please apply directly to Talmud Torah.

2) CAMP BB RIBACK -To ensure your child has a spot, please register at Camp BB (www.campbb.com) before April 1st (even though your bursary application will not be evaluated until May.)

July Session: \$3,276*	# of Children _____	Wonder Week 1: \$1,210*	# of Children _____
August Session: \$2,676*	_____		
CIT Program: \$4,150*	_____		
			Total Cost \$_____

- 3) **BBYO Membership & Conventions** \$1,000 # Children:____ **Total Cost \$_____**
- 4) **ASPER Trip** \$TBD* # Children:____ **Total Cost \$_____**
- 5) **MARCH OF THE LIVING** (May, 2022) \$TBD* # Children:____ **Total Cost: \$_____**
- 6) **MACCABI Games & Artsfest** \$TBD* # Children:____ **Total Cost: \$_____**

TOTAL COST OF COMMUNAL INVOLVEMENT: \$_____

WE ARE ABLE TO PAY \$_____ BURSARY REQUEST \$_____

Please note: Chabad programs will be adjudicated separately by Chabad, but they include the following, and are also subsidized by JFE/UJA:

7) CAMP GAN IZZY Day Camp \$145-\$205+ per week approx.

Please see website for detailed pricing: www.chabadedmonton.org

We will forward your application to them if you want: [] No [] Yes

* Prices are subject to change without notice and families are responsible for paying their portion of the GST if applicable. Payments may be made in monthly installments.

** Busing, lunches, after school care, class trips are not covered through IBP. Please indicate under "Extenuating Circumstances" if you need help with these costs.

***There are limited funds available for Camp BB. Therefore, applications for full session are not accepted, and applications for July Session may be granted for August Session instead.

PERSONAL INFORMATION PAGE – Page 2

DATE FORM RECEIVED: _____ (Office use only).

Applicant Family Last Name: _____ First Name (s): _____

Children:

- 1) Name: _____ Birth MM/DD/YY: _____ Entering Grade: ___ Age: ___
- 2) Name: _____ Birth MM/DD/YY: _____ Entering Grade: ___ Age: ___
- 3) Name: _____ Birth MM/DD/YY: _____ Entering Grade: ___ Age: ___
- 4) Name: _____ Birth MM/DD/YY: _____ Entering Grade: ___ Age: ___
- 5) Name: _____ Birth MM/DD/YY: _____ Entering Grade: ___ Age: ___

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

Applicant's Occupation:
Employer:

Other:

Applicant's Spouse (includes any long term (1+ years) co-habiting partner):
Spouse's Employer:
Occupation:

Marital Status of Parents: Married ___ Separated ___ Divorced ___ Common Law ___

Does one parent stay at home to look after children? Yes ___ No ___

Are both parents entitled to work in Canada? Yes ___ No ___

Child's Mother/Father's Name (if different from above):	Please indicate who has legal custody of the Child/ Children:
Address (if different from above):	
Phone (if different from above):	
Email (if different from above):	
Occupation:	
Employer:	

Names and relationships of other individuals residing at the applicant's residence:

Name:	Relationship:
Name:	Relationship:

TERMS, CONDITIONS AND EXTENUATING CIRCUMSTANCES: Page 3

I UNDERSTAND THAT:

- 1. This application will be cancelled and/or any bursary withdrawn if any relevant information has been withheld, or is false or misleading in any way.**
- 2. Incomplete applications or applications without supporting documents cannot be processed.**
- 3. Upon approval of the bursary(ies) I must immediately submit payment or post-dated cheques for the balance of the payment to the appropriate agency.**

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 tell the IBP Committee of any changes in my household's finances which may occur during the next twelve months.

Applicant's Signature: _____ Date: _____

EXTENUATING CIRCUMSTANCES:

Applicant/Representative Name: (please print) _____ Date: _____

Please be as specific as possible:

I have Extenuating Circumstances – Please explain:

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

Applicant/Representative Signature: _____ Date: _____

INCOME & ASSET STATEMENT: Page 4

- Do you or any member of your household own any interest in a company, business, or real estate (property) (other than your primary residence)?
- Yes _____ No _____

If Yes, provide details:

Please attach a complete financial statement for any business, company, or real estate described above.

INCOME STATEMENT

Yearly

Total gross income earned by applicant: {from last available T4's}	\$
Total gross income earned by spouse:	\$
Did your salary change in 2020 or do you expect it to change in 2021?	\$
Total gross income earned by children/dependents:	\$
Total gross income earned from investments and interest:	\$
Income from spousal support and child support:	\$
Income from monetary gifts from relatives or other sources:	\$
Income from child tax credit:	\$
Income from GST credit:	\$
Funds from all other sources:	\$
TOTAL INCOME:	\$

Have you applied to any other sources of funding for any of the programs for which you have requested a bursary? YES _____ NO _____

If YES, please list other funding sources here:

1) _____ 2) _____ 3) _____

VALUE OF ASSETS OWNED BY HOUSEHOLD MEMBERS

If you own your home, what is its assessed value?	\$
Funds in savings account, term deposits, etc.:	\$
Present value of stocks, bonds, etc:	\$
Accumulated value of household savings plans (RRSPs, RESPs):	\$
Household cars and recreational vehicles: Model: _____ Year: _____ Model: _____ Year: _____ Model: _____ Year: _____	Purchase Price: \$ _____ Purchase Price: \$ _____ Purchase Price: \$ _____
Other assets over \$5,000 (please specify):	\$
Outstanding mortgage or loans:	\$
Name of lenders:	
TOTAL NET WORTH:	\$

STATEMENT OF EXPENSES: Page 5

EXPENSES:

Yearly
2021/22

Mortgage Payments:	
Property Taxes:	
Rent:	
Loan Payments: Purpose:	
Lease Payments: Purpose:	
Food:	
Clothing:	
Utilities (eg. gas, phone, cable, internet):	
Car/transportation expenses (not including insurance):	
Insurance (car, home, life, health):	
Cost of vacations (list destinations)	
Registered Savings Plan Contributions (RRSP, RESP):	
Domestic services (cleaning, etc.):	
Home improvement:	
Entertainment:	
Pharmacy, dental care and eye care:	
Tzedakah (Charity):	
Synagogue membership:	
School/University expenses (list school/university):	
Child care expenses (nanny, babysitting etc.):	
Camp expenses:	
Memberships (health club, leisure center):	
Classes/Activities (ballet, swimming, hockey, etc.):	
Outstanding Debt Description:	
Miscellaneous:	
TOTAL:	\$



The Jewish Federation
OF EDMONTON

