

The Atlantic Jewish Council

ABRAHAM LEVENTHAL MEMORIAL SCHOLARSHIP APPLICATION

The Atlantic Jewish Council invites applications for Abraham Leventhal Memorial Scholarships. All applications must be typed; no handwritten applications will be accepted.

The award will normally be to a maximum of \$5000.00 for each application. The biannual application deadlines are May 31st and November 30th.

Applicants can apply once in any 12-month period.

Criteria for Application:

1. **The applicant must be a resident of Atlantic Canada.** For the purposes of this application, this means that the applicant must have resided continuously in an Atlantic Canadian province (Nova Scotia, New Brunswick, Prince Edward Island, or Newfoundland & Labrador) for at least one period of 24 consecutive months, not including any time spent enrolled as a full-time student at a post-secondary institution. “Full-time student” means that the applicant was enrolled in a post-secondary education program for at least 60% of the regular course load, or 40% if the applicant is disabled, including internships and practicums.
2. **Applicants must be attending a post-secondary institution in the Halifax Regional Municipality.** (Please note that the Halifax institution must be the institution from which the applicant expects to receive a degree/diploma).

If there is a confidential information you wish the committee to consider, we invite you to contact our Executive Director, Naomi Rosenfeld, for an interview. Naomi can be reached at 902-422-7491 x222 or nrosenfeld@theajc.ns.ca

Please **MAIL** or **HAND-DELIVER** your complete application to:

The Atlantic Jewish Council
5670 Spring Garden Road, Suite 309
Halifax, NS B3J 1H6
Telephone: 902-422-7491
Fax: 902-425-3772

It is the applicant's responsibility to ensure that all documentation is received by the AJC in a timely manner. This application will not be considered unless all requested documentation is fully completed and received by the due date.

APPLICANT INFORMATION

Name _____

Address _____ City _____

Province _____ Postal Code _____

Telephone _____

Email Address _____

Post-Secondary Institution _____

Program _____ Year in Program _____

Expected Graduation Date _____

Value of the scholarship for which you are applying _____

(Please note: You can request up to a maximum of \$5000.00)

APPLICATION QUESTIONS

Please briefly answer the following questions in the space provided.

1. Please provide the following family information:
 - a. Do you live with at least one parent or other family member?

 - b. Provide name, occupation and employer of father and mother?

 - c. Are your parents Jewish?

 - d. Are you Jewish?

2. How long have you lived in Atlantic Canada?

3. Of the years in which you have lived in Atlantic Canada, for how long have you been enrolled as a full-time student in a post-secondary institution?

10. In your own words, please describe why you are deserving of this award?

Additional Required Documentation

It is the applicant's responsibility to ensure that the following documentation is received by the AJC in a timely manner:

- 1) The most recent transcripts from your current educational institution plus one additional immediate past transcript. Transcripts **MUST** come directly from the educational institution to the Atlantic Jewish Council in sealed envelopes.
- 2) Two written letters of reference from persons other than relatives who are familiar with you in one or all of the following areas: academic, volunteer, employment. At least one letter of reference must be an academic one. Letters of reference must be sent to the Atlantic Jewish Council directly in a sealed envelope.

If the application is approved, we will ask for a picture of you for publicity purposes.

FINANCIAL INFORMATION

**The following financial page must be completed by all
Total of part "A" MUST equal total of part "B"**

A. TOTAL COST OF PROGRAM FOR WHICH YOU ARE APPLYING FOR ONE YEAR

Tuition/Registration Fee	\$
Travelling Costs	\$
Living Costs	\$
Other	\$
-	\$
-	\$
Total	\$

B. SOURCES OF FINANCE FOR ONE YEAR

Scholarships	\$
- Leventhal (amount Requested)	\$
-	\$
Loans	\$
Own Funds	\$
Family Assistance	\$
Other (Specify Below)	\$
-	\$
-	\$
-	\$
Total	\$

I certify that the information that I have submitted is true.

SIGNATURE OF APPLICANT _____ DATE _____