

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. You can apply for a bursary to many programs at one time. This process has been centralized to make it easier and dignified.

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. Any necessary meetings with you will be held at a neutral place, not at an agency office.

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 address 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 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.**
- If you do not receive a bursary for the full amount requested, with your consent, Jewish Federation of Edmonton may share the information in this application with our partner agencies (eg. TT, Camp BB, BBYO) and they may determine if they are able to provide their own bursaries.

DEADLINE TO SUBMIT IBP APPLICATION >>> April 12, 2019

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 Elianna Lisan at Edmonton Jewish Federation or eliannal@edjfed.org **on or before April 12, 2019.** 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 x207.
3. **Make sure you have also registered your child with the appropriate school or program using their registration materials.**
4. **The Integrated Bursary Committee will review your application.** Your application will be looked at by a small committee comprised of volunteer community members. **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 on your request.** The decision of the Committee will be sent by **May 17, 2019.**
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 May 31, 2019.** During the appeal process, you may be asked to meet with a committee representative.
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.

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 Elianna Lisan, IBP Administrator
at the Jewish Federation of Edmonton by April 12, 2019.

IBP Basic Grid 2019 – Exceptions Allowed – Family Pays (Minimums)

| No. of Children → Family Income | 1 | 2 | 3 | 4 | 5 | 6 |
|------------------------------------|----------|----------|----------|----------|----------|----------|
| Under \$25,000 | 50% | 50% | 50% | 50% | 50% | 50% |
| \$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: elianna@edjfed.org
or Mail or Drop off to: Elianna Lisan
Jewish Federation of Edmonton
100, 10220-156 St. Edmonton, AB T5P 2R1

If you are dropping off your application at the Jewish Community Offices, please place it in a sealed envelope addressed to Elianna Lisan, and mark it CONFIDENTIAL. All information will be held in the strictest of confidence.

PROGRAMS SUPPORTED THROUGH THE IBP Page 1*

1) TALMUD TORAH SCHOOL

| | | |
|-------------------------------------|---------------|---------|
| First child | # of Children | Tuition |
| a. Kindergarten | _____ | \$3,200 |
| b. Gr 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: \$3,148* | # of Children _____ | Wonder Week 1: | \$1100* | # of Children _____ |
| August Session: \$2,518* | _____ | Wonder Week 2: | \$1100* | _____ |
| CIT Program: \$4,150* | _____ | Wonder Weekend: | \$629* | _____ |
| | | | Total Cost | \$ _____ |

3) BBYO Membership & Conventions \$1000 # Children: **Total Cost** \$ _____

4) ASPER Trip \$2,025 * # Children: **Total Cost** \$ _____

5) MARCH OF THE LIVING (May, 2020) \$8500* # Children: **Total Cost:** \$ _____

6) MACCABI Games & Artsfest \$1850* # 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. 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.

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

***Please note that 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.

We, the undersigned, agree to allow you to share the financial information contained here, without the use of our name(s), with partner agencies so that we can get funds from those partner agencies if our requests for IBP funds are denied. We understand that any additional funds will be paid directly by the partner agencies without involvement of the Jewish Federation of Edmonton.

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 2018 or do you expect it to change in 2019? | \$ |
| 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
2018/2019**

| | |
|--|----|
| Mortgage Payments: | |
| Property Taxes: | |
| Rent: | |
| Loan Payments: Purpose: _____ | |
| Lease Payments: Purpose: _____ | |
| Food: | |
| Clothing: | |
| Utilities (eg. gas, hydro, 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 centre): | |
| Classes/Activities (ballet, swimming, hockey, etc.): | |
| Outstanding Debt Description: _____ | |
| Miscellaneous: | |
| | |
| TOTAL: | \$ |