



SCHOLARSHIP APPLICATION

Friends of Yiddish is a non-profit Jewish community organization dedicated to the continuity of Yiddish language, literature and music. To that end, we maintain a scholarship fund to assist in the Yiddish education of students who, in the achievement of their career goals, would also be contributing to attaining our objectives.

INSTRUCTIONS:

Complete this form in full and submit it to:

FRIENDS OF YIDDISH OF TORONTO
6-14845 YONGE ST. SUITE 228
AURORA, ON L4G 6H8
SCHOLARSHIP FUND

Or email to: info@friendsofyiddish.ca

I. PERSONAL INFORMATION

SURNAME: _____

FIRST NAME: _____

MIDDLE NAME: _____

DATE OF BIRTH: _____

DAY/MONTH/YEAR

PERMANENT ADDRESS: _____

PHONE: CELL: _____ HOME: _____

EMAIL: _____

CURRENT EMPLOYMENT, IF ANY (NAME OF EMPLOYER, TYPE OF WORK, POSITION HELD):



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II. EDUCATIONAL EXPERIENCE

NAME AND LOCATION OF THE EDUCATIONAL INSTITUTION FROM WHICH YOU MOST RECENTLY GRADUATED OR WHICH YOU ARE CURRENTLY ATTENDING:

PRIMARY COURSE OF STUDIES: _____

YEAR OF GRADUATION IF APPLICABLE: _____ CURRENTLY ATTENDING: YES or NO

DEGREE OR CERTIFICATE GRANTED: _____

HAVE YOU RECEIVED ANY BURSARIES, SCHOLARSHIPS AND/OR AWARDS WHILE ATTENDING SCHOOL? (IF SO, SPECIFY)

III. YIDDISH STUDIES

HOW WOULD YOU ASSESS YOUR FLUENCY IN YIDDISH (VERY GOOD, GOOD, FAIR, MODEST, NONE)?

UNDERSTANDING: _____

SPEAKING: _____

READING: _____

HOW AND WHERE DID YOU ACQUIRE YOUR CURRENT LEVEL OF CAPABILITY IN YIDDISH?

NAME AND LOCATION OF INSTITUTION AT WHICH YOU INTEND TO PURSUE YIDDISH STUDIES:

HAVE YOU BEEN ACCEPTED INTO THIS PROGRAM? YES or NO

INTENDED COURSE OF STUDIES (NAME OF COURSE, CONTENT, ETC.)



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TO WHAT END DO YOU WISH TO TAKE THIS COURSE?

HAS THIS INSTITUTION OFFERED YOU ANY FINANCIAL ASSISTANCE? YES or NO

ARE YOU APPLYING ELSEWHERE FOR ANY FINANCIAL ASSISTANCE? YES or NO

IF YES, PLEASE INDICATE THE SOURCE AND AMOUNT: \$ _____

DO ANY INSTITUTIONS IN CANADA OFFER THE SAME COURSE(S) FOR WHICH YOU ARE SEEKING FINANCIAL ASSISTANCE? YES or NO

IF YES, HAVE YOU APPLIED? YES or NO

IF YOU DO NOT RECEIVE FINANCIAL ASSISTANCE, WILL YOU STILL PROCEED TO PURSUE YIDDISH STUDIES? YES or NO

HOW DID YOU LEARN OF FRIENDS OF YIDDISH SCHOLARSHIP PROGRAM?

IV. STATEMENT OF OBJECTIVES

In the space provided below, please provide a statement of not more than 300 words on how your interest in Yiddish evolved, and how your Yiddish language studies will advance you educational and/or career goals.



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V. ADDITIONAL REQUIREMENTS

Applications for a Friends of Yiddish scholarship must be accompanied by:

- at least one letter of reference from a current or former teacher which attests to your competency in Yiddish, both oral and written.
- a detailed resume, especially covering your educational and any other achievements or experiences pertinent to this application.
- a budget, indicating funding you may receive from all sources and costs you expect to incur.

Following completion of the course for which Friends of Yiddish has provided financial support, the recipient must submit a written report on his/her experience and /or make an oral report on it to a meeting of Friends of Yiddish (the nature of the report to be worked out in consultation with the Scholarship Committee)

ACCEPTANCE OF CONDITIONS OF SCHOLARSHIP

I, _____, hereby certify that the above information is accurate and complete, and I understand that any false information may invalidate my candidacy. I accept that all decisions by the Scholarship Committee of Friends of Yiddish regarding this application are final, and that, should this application be successful, scholarship funds will be released to me only upon proof of my enrollment in the Yiddish studies program specified in this application. I further agree to the public release of my name, photograph and information about my project or career intentions in the event that I am awarded a scholarship.

I am prepared, in keeping with the objectives of Friends of Yiddish, to commit myself, on completion of my training, to foster the continuity and advancement of Yiddish language and culture.

NAME: _____

SIGNATURE: _____

DATE: _____