



Ezer Mizion Scholarship Program

Registration Form

Name:

Address:

City:

Postal Code:

Home Ph:

Cell. Phone:

Email:

Mother's Name:

Father's Name:

Synagogue Affiliation:

Elementary School:

High School:

Post Secondary:

Questions: Please answer the following questions by attaching a separate document

1. Why did you choose the program you have been accepted to?
2. What do you plan to gain from your time in Israel?
3. What are your plans once the program is complete?
4. How much does your program cost (please indicate currency)?
5. By when do you require the money? Date:
6. Where else are you applying for scholarships?
7. What is your present involvement in the Jewish community?
8. Name any youth groups you are involved with, if any?
9. What are your hobbies and interests?
10. Can you explain what Ezer Mizion does?
11. What area interests you most about what Ezer Mizion does?
12. Would you be willing to volunteer in Israel for Ezer Mizion at anytime during your stay?
13. Additional information you feel we need to know

Please send completed application to:

Ezer Mizion Canada | 701-1110 Finch Avenue West | Toronto, ON | M3J 2T2
647-799-1475 | www.ezermizion.ca | canada@ezermizion.ca | Registered Charitable #85064 7637 RR0001