

Gap Year 2018/19 Financial Assistance Application Form

Section 1 - Applicant should complete Section 2 - Parent/Guardian should complete (optional)

When you have finished completing the form, please read and sign the Declaration below.

Name of Youth Movement

Name of Applicant

Parent/Guardian Declaration

I declare that the information that I have given in this Application Form is a true and accurate statement.

I understand the criteria includes financial circumstances, the Applicant's own efforts to raise their own funds, and the degree to which they are able to demonstrate leadership skills and commitment.

I accept that it is a condition of any UJIA Scholarship awarded, that in the event that my child/ward cancels their place on the Trip before it departs, does not complete the Programme (e.g. due to an undisclosed pre-existing medical or psychological condition), changes from the Programme to another or is dismissed from the Programme for which the Application is made, I shall, upon request of the UJIA Scholarship Committee, immediately reimburse the full UJIA Scholarship.

I understand that various bodies (including The Children's Aid Committee (CAC) and the Sylvia Webber Trust (SWT)) contribute funds towards the UJIA Scholarship Fund and that they may require information on successful Applicants for the purposes of reporting. Any information passed on will be within the framework of our commitment to confidentiality; therefore, only a first name and age (of the Applicant) and the name of the Youth Movement Programme will be reported. No financial information or other personal information will be disclosed. However, scholarship recipients may be required to present to the various funding bodies.

Finally, if this Application is successful, I agree to be contacted in the future by UJIA to take part as a volunteer in future UJIA fundraising events, for example, UJIA Super Sunday Telethon.

I confirm that our family's total gross household income is under £120,000.

I confirm that I will inform UJIA of any change to my financial circumstances.

Print Full Name (inc. title)

Signature of Parent/Guardian

Date

Relationship to applicant

Gap Year 2018/19 Financial Assistance Application Form

Applicant Declaration

The CAC and SWT, together with UJIA, will require the recipients to write periodic reports on their Gap Year experience. I agree that should this Application be successful, I will be required to write a minimum of two 500 word reflections on my Israel experience during the Programme and one thank you letter once I have returned from the Programme*. Once I am back from Israel I agree to give a short presentation of my experiences to either UJIA or to one of the Trusts who contribute to the Scholarship Fund, should I be asked.

In addition, should this application be successful, I agree to commit to a leadership role as a volunteer for a minimum of three years on completion of my Gap Year. Examples may include Youth Movement leadership at camp and weekly meetings, UJS/J-Soc leadership positions, and synagogue-based youth work.

If this Application is successful, I agree to be contacted in the future by UJIA regarding participation as a volunteer in future UJIA fundraising events, for example, UJIA Super Sunday Telethon.

****Please note, extracts from these reflections may be used by UJIA for fundraising purposes and shared with other funding bodies. Any extracts used will be published anonymously in the public domain.***

Signature of Applicant

Print Full Name (inc. title)

Date

For UJIA use only

REF:

Section 1: To be completed by Applicant

Applicant details

Your Name:	
Your Date of Birth:	
Your Address:	
Postcode:	
Your Home Telephone Number:	
Your E-Mail:	
Your Mobile:	
Parent/Guardian Address (if different from above):	
Postcode:	
Parent/Guardian Home Telephone Number (if different from above):	
Parent/Guardian E-Mail Address:	
Parent/Guardian Mobile Phone Number:	
Primary school attended:	
Secondary school attended:	
To which Synagogue (if any) do you or your family belong?	

How long have you been a member of the Youth Movement you are applying for and in what capacity?

Have you been a member of any other Youth Movement and in what capacity?



Please describe in 500 words how you have made an impact on the British Jewish community up to this point. (Additionally, if you have been actively involved in the wider British community, please add an additional 250 words to describe this.)

Please describe in 500 words what your motivation for going on a Gap Year programme is and what benefits you believe it will have for you.



Please describe in 500 words how you anticipate being an active leader on your return from Israel.

Have you personally raised funding to put towards the cost of the programme? If so, please provide some details.

Are you making a contribution to spending money whilst on Israel Tour?



Have you ever been excluded or expelled from School? If so, please provide details.

Have you been to Israel before? If so, how many times? When? With whom?

Character Reference

Please provide two character references; one from your Youth Movement (for Aardvark applicants please provide two from the list below) and one from the following:

- Jewish communal professional or lay leader
- Teacher
- A beneficiary of your communal involvement

Section 2: To be completed by Parent/ Guardian

Family Information

Married	Divorced	Remarried following a divorce	Separated	Widowed	Single	Other
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Please select from the list ↓

Person(s) completing application please tick here ↘

Parent/Guardian 1 Relationship to Applicant:		Occupation:		Age:		
Parent/Guardian 2 Relationship to Applicant:		Occupation:		Age:		

Do you intend on visiting your child in Israel before/during/after the trip? Yes No

Are you, your family and/or your child taking any other holiday this year? (Nov 2017-Nov 2018) Yes No

We would like to have a sense of your family obligations.

DO NOT WRITE ANY NAMES IN THIS SECTION: i.e. write 'son', 'daughter' etc.

Please list all the dependants you are supporting (Do not write any names in this section)			
Relationship to Applicant (Do not write any names in this section)	Male/Female	Age	Occupation/Status e.g. school student, unemployed

Are any of your other children participating in another Camp/Youth Movement activity/School trip this school year?			
Son or Daughter (Do not write any names in this section)	Youth Movement/ Organisation/ School	Activity (e.g. Winter Camp)	Cost

Have you applied for financial assistance for Youth Movement activities/school trip in the past 5 years?					
Year	Relationship to Applicant	From whom (e.g. UJIA, Youth Movement/School)	Amount received	Name of Youth Movement/ School	Activity e.g. Winter Camp
			£		
			£		
			£		
			£		



OUR ISRAEL. OUR FUTURE.

Family financial Details

Family Income and Expenditure

Income (monthly) After Tax (i.e. Net)		Expenditure (monthly)	
Parent / Guardian 1 income	£	Rent / Mortgage	£
Parent / Guardian 2 income	£	Local Tax (including Council Tax)	£
Income Support	£	Water	£
Incapacity Benefit	£	Electricity	£
Child Benefit	£	Gas	£
Housing Benefit	£	Insurance (including Life Insurance)	£
Other Benefits	£	Fares/Travel	£
Tax Credit	£	Household (food/laundry)	£
Council Tax Credit	£	Clothing	£
Maintenance (from other Parent/Guardian)	£	School meals	£
Pensions	£	Child minding	£
Interest	£	Hire Purchase commitments	£
Savings	£	Telephone including mobile/Internet	£
Shares	£	Synagogue fees	£
Grants or bursaries	£	School fees	£
Other:	£	University fees & costs	£
Other:	£	Pension Contributions	£
Other:	£	Loan repayments	£
Other:	£	Recreation/Leisure	£
Other:	£	Family holiday	£
Other:	£	Other:	£
TOTAL MONTHLY INCOME	£	TOTAL MONTHLY EXPENDITURE	£

PLEASE ENCLOSE PROOF OF EARNINGS

i.e. A copy of your P60, (if self-employed, self-assessment tax form), proof of income support. Details of both Parents/Guardians are required. Please only send photocopies of documents.

NO FINANCIAL SCHOLARSHIP APPLICATION WILL BE CONSIDERED WITHOUT THIS PAGE COMPLETED AND DOCUMENTATION ATTACHED

Other Family Financial Assistance

Would any other members of your family (e.g. ex-spouse, grandparents, uncles, aunts) be prepared to give financial assistance and have they been approached?

Other Financial Information

Assets (£)		Liabilities (£)	
Owner occupied property	£	Mortgage	£
Other Property	£	Credit/debit cards/store cards	£
Stocks, shares & bonds	£	Hire Purchase/loans	£
Cash in bank & building society	£	Other	£
Other (please detail)	£	Other (please detail)	£

Please add any comments you may have regarding you assets and liabilities.



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Is your synagogue providing financial assistance for this programme? Have you asked your synagogue if funding is available?

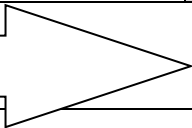
Name of Synagogue:

Name of Rabbi:

Response to request for funding:

Please list the trusts and charities you have applied to and their responses.

Amount that you are applying for

PROGRAMME COST (the fee requested by the Youth Movement)		£	8a
Contribution from Parent/s or Guardian/s (including deposit) We cannot process your application if this question is left unanswered	£		8b
	+		
Contribution from young person	£		8c
	+		
Contribution from synagogue	£		8d
	+		
Contribution from other family members	£		8e
	+		
Contribution from other organisation / trust / charity etc.	£		8f
<div style="border: 1px solid black; padding: 5px; display: inline-block;">TOTAL =</div> 			8g

Add up
8b+8c+8d+
8e+8f

Subtract
8a-8g
to get
financial
assistance
request

FINANCIAL ASSISTANCE REQUEST		8a-8g
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Please return to Page 1, read and sign the Parent/Guardian Declaration and the Applicant Declaration, which confirms that the information you have provided is a true statement.

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YOUTH MOVEMENT BURSARY AWARD	
AMOUNT REQUESTED FROM UJIA FINANCIAL ASSISTANCE FUND	