

Israel Tour Bursary Application Form 2018

Name of Youth Movement
Name of Applicant

Applicant should complete - Sections 1, 2, 3, 4
Parent/Guardian should complete - Sections 5,6,7,8

Please complete all sections of the form.
When you have finished completing the form, please read and sign the Declaration below.

Parent/Guardian Declaration

I declare that the information that I have given in this Application Form is a true statement. I accept that it is a condition of any financial assistance awarded, that in the event that my child/my 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 Awards Committee of the Fund, immediately reimburse the UJIA Bursary Fund with the full amount of the financial assistance originally awarded.

I understand and agree that any additional medical costs that are not covered by the regular Tour insurance (please see Terms and Conditions and check with the Youth Movement if required) will remain the full responsibility of the Parent/Guardian. I further agree that should this application be successful, my son/daughter will, on their return after the trip, write a 500 word reflection of their Israel experience. Extracts from this reflection may be used by the UJIA for fundraising purposes. Any extracts used will be published anonymously. If this bursary 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.

Signature of Parent/Guardian

Date

Print Full Name (incl. title)

Relationship to applicant

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

What you must do now

- Complete all sections of the form, failure to answer fully may affect the application - please note that there is no guarantee that a bursary will be awarded.
- Ensure you send copies of proof of earnings, self-assessment tax form or P60.
- If applicable, send the Independent Reference Form on to your external referee – ensure they send it back to the Youth Movement by Friday 26 January 2018.
- You are advised to send your application form in as early as possible to allow the Youth Movement time to check that all the correct documentation is present.

**Send this completed Application Form
back to the Youth Movement
by Friday 26 January 2018.**

For UJIA use only
REF:

TO BE COMPLETED BY APPLICANT

1. 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):

Parent/Guardian Home Telephone Number
(if different from above):

Parent/Guardian E-Mail Address:

Parent/Guardian Mobile Phone Number:

2. A little bit about you ...

Do you belong / have you belonged to a Zionist Youth Movement or Jewish Youth Organisation?

| Year | Youth Movement/ Organisation | Activities/Camps attended | Position held |
|------|---------------------------------|------------------------------|---------------|
| | | | |
| | | | |
| | | | |
| | | | |

Why do you want to go on your programme?

How do you see your involvement in your Youth Movement/Organisation after your return?



Schools attended

Primary:

Secondary:

Have you been involved with any worthy activities at school?

Have you been involved with any extra-curricular activities outside of school?

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

To which Synagogue (if any) do you belong?

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

3. Character Reference

We would like someone else to tell us about you.

If you are a member of a Youth Movement, your reference will be completed by the Youth Movement, please tick "Yes".

If you are not, please tick "No" and complete the right hand section.

Are you going on the programme with the Youth Movement with whom you have been an active member for the past 12 months?

| Yes | No |
|---|---|
| <p data-bbox="188 1104 625 1137">You do not have to do anything</p> <p data-bbox="153 1312 663 1375">The Youth Movement will supply the reference</p> <p data-bbox="300 1554 517 1588">Go to Section 4</p> | <p data-bbox="836 875 1390 909">Using the Independent Reference Form</p> <p data-bbox="751 943 1477 1043">You must obtain a character reference from either a Rabbi/social worker/teacher (our preference is the Applicant's form teacher)</p> <p data-bbox="775 1070 1453 1133">Name, address and telephone number of referee (please complete)</p> <p data-bbox="828 1370 938 1404">TEL NO</p> <p data-bbox="751 1440 1477 1503">Fill in your name on both pages of the Independent Reference Form</p> <p data-bbox="743 1509 1485 1610">You must then send/give the referee the Independent Reference Form, which must be completed in full and sent back marked</p> <p data-bbox="898 1644 1329 1677">PRIVATE & CONFIDENTIAL to:</p> <p data-bbox="751 1917 1477 1980">Please remind them that this form must be returned by Friday 26 January 2018</p> |

4. Your own efforts to raise funds

4a Have you made any efforts to raise money e.g. job, babysitting? N.B. We expect the Applicant to demonstrate willingness to make an effort towards covering the cost of the programme.

4b Do you have any savings that you can contribute?

4c Are you making a contribution to spending money whilst on Israel Tour?

4d 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:

TO BE COMPLETED BY PARENT/GUARDIAN

5. Family Details

Married Civil Partnership Divorced Re-married following divorce Separated Widowed Single Other

| | | | | | |
|---|--|------------|--|-----|--|
| Parent/Guardian 1 relationship to Applicant (Person completing this form) | | Occupation | | Age | |
| Parent/Guardian 2 relationship to Applicant | | Occupation | | Age | |

Does your child intend on extending their stay in Israel? Yes No

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

Please note: these answers may be cross referenced with the flight deviation requests. If there are any discrepancies between the two, you may be contacted for more information and/or it may have an adverse effect on your application.

We would like to have a sense of your family obligations. Please list all the dependants you are supporting. **DO NOT WRITE ANY NAMES IN THIS SECTION.** Write e.g. son/daughter.

| Relationship to Applicant | Male/Female | Age | Occupation |
|---------------------------|-------------|-----|------------|
| | | | |
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| | | | |
| | | | |
| | | | |

Are any of your other children participating in another camp/Youth Movement activity/school trip this school year?

| Son or Daughter | Youth Movement /Organisation | Activity (e.g. Winter Camp) | Cost |
|-----------------|------------------------------|-----------------------------|------|
| | | | |
| | | | |
| | | | |

Have you applied for financial assistance for Youth Movement activities/school trips in the past?

| Year | Relationship to Applicant | From whom (i.e. UJIA, Youth Movement, School) | Amount received | Name of Youth Movement/School | Activity (e.g. Winter Camp) |
|------|---------------------------|---|-----------------|-------------------------------|-----------------------------|
| | | | | | |
| | | | | | |
| | | | | | |

6. Family Financial Details

6a 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 | £ |
| Tax Credit | £ | Insurance (including Life Insurance) | £ |
| Housing Benefit | £ | Fares/Travel | £ |
| Council Tax Credit | £ | Household (food/laundry) | £ |
| Maintenance (from other Parent/Guardian) | £ | Clothing | £ |
| Pensions | £ | School meals | £ |
| Interest | £ | Child minding | £ |
| Savings | £ | Hire Purchase commitments | £ |
| Shares | £ | Telephone/Internet | £ |
| Grants or bursaries | £ | Synagogue fees | £ |
| Other: | £ | 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 APPLICATION WILL BE CONSIDERED WITHOUT COMPLETED FINANCIAL INFORMATION AND DOCUMENTATION ATTACHED

6b 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?

6c Other Financial Information

Please list the value of all assets and liabilities that you have

| 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 (please detail) | £ |
| Other (please detail) | £ | Other (please detail) | £ |

7. Reason for financial assistance application

Please tell us about your particular circumstances and why you are applying for Financial Assistance. Please be careful not to write any names in this section and do not sign at the foot of the page. This page must be completed fully.

8. Amount that you are applying for

| | | | |
|---|----------|--|-----------|
| PROGRAMME COST | | | 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="display: flex; align-items: center; justify-content: center;"> <div style="border: 1px solid black; padding: 5px; margin-right: 10px;">TOTAL =</div> <div style="font-size: 2em;">➔</div> </div> | | | 8g |

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

Subtract
8a-8g
to get
financial
assistance
request

| | | |
|-------------------------------------|--|--------------|
| FINANCIAL ASSISTANCE REQUEST | | 8a-8g |
|-------------------------------------|--|--------------|

Please go back to page 1, read and sign the Parent/Guardian Declaration.

Thank You.

FOR OFFICE USE ONLY

| | |
|--|--|
| YOUTH MOVEMENT BURSARY AWARD | |
| AMOUNT REQUESTED FROM UJIA FINANCIAL ASSISTANCE FUND | |