



**The Max and Lena Sharp Foundation**

470 Glencairn Avenue, Toronto, Ontario M5N 1V8

**Please Note:** This Scholarship is available to members and friends of Shaarei Shomayim and their dependents.

**Application Form**

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Telephone: (h) \_\_\_\_\_ (c) \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

**Family Information:**

Father's Full Name: \_\_\_\_\_

Occupation: \_\_\_\_\_

Please Check: Self Employed \_\_\_\_\_ Employee \_\_\_\_\_ Partner \_\_\_\_\_

Mother's Full Name: \_\_\_\_\_

Occupation: \_\_\_\_\_

Please Check: Self Employed \_\_\_\_\_ Employee \_\_\_\_\_ Partner \_\_\_\_\_

Marital Status of your Parents: \_\_\_\_\_

Name and Ages of Siblings (please indicate if they are at school or working):

\_\_\_\_\_  
\_\_\_\_\_



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EDUCATION HISTORY:

SCHOOLS ATTENDED

DATE OF GRADUATION

Secondary School: \_\_\_\_\_

Post-Secondary:

\_\_\_\_\_  
\_\_\_\_\_

ISRAEL STUDY:

Which institution in Israel would you like to attend? (You may include more than one choice)

\_\_\_\_\_

Please provide the names of three (3) references who can be contacted:

Name

Email Address and Cell Number

1. \_\_\_\_\_

\_\_\_\_\_

2. \_\_\_\_\_

\_\_\_\_\_

3. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

Date application received: \_\_\_\_\_