



MIZRACHI
C A N A D A



4600 Bathurst Street, Suite 316, Toronto, Ontario M2R 3V2
(416) 630-9266 • mizrachi@mizrachi.ca • www.mizrachi.ca

MACH HACH BA'ARETZ SCHOLARSHIP APPLICATION FORM

Part I - CAMPER INFORMATION

Last Name _____ First Name _____

Home Phone () _____ - _____ Cell Phone () _____ - _____

Address _____

City _____ Prov. _____ Postal Code _____

Date of Birth _____ Social Insurance No. _____

Email _____

School Currently Attending _____ School Phone _____

Synagogue Attending _____ Synagogue Affiliation _____

Part II - FAMILY INFORMATION

(If additional space is necessary, please use the back)

Father's Full Name _____

Home Phone (if different) () _____ - _____ Cell Phone () _____ - _____

Father's Home Address (if different) _____

City _____ Prov _____ Postal Code _____

Father's Occupation: _____ Name of Employer: _____

Mother's Full Name _____

Home Phone (if different) () _____ - _____ Cell Phone () _____ - _____

Mother's Home Address (if different) _____

City _____ Prov _____ Postal Code _____

Mother's Occupation: _____ Name of Employer: _____

Is your family a member of Mizrachi? _____ For how long? _____



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MACH HACH BA'ARETZ QUESTIONNAIRE:

Are you a member of Bnei Akiva? _____

What Bnei Akiva Events or Programs have attended in the past year? _____

Do you have an active role currently in Bnei Akiva?

What other extracurricular activities to participate in? _____

Have you attended Bnei Akiva camp before? _____ Name of camp: _____

Have you attended another overnight camp? _____ Name of camp: _____

Have you been to Israel before? _____

In what capacity:

- a) Family Trip
- b) Official tour
- c) Summer program: _____
- d) Former residence
- e) Other: _____

Which Mach Hach Ba'aretz program option will you be choosing? _____

Describe Bnei Akiva's ideology in no more than 10 words

In what way do you think your summer in Israel on Mach Hach Ba'aretz be better enable you to impact your school and community



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ISRAEL SCHOLARSHIP FUNDS – FINACIAL INFORMATION WAIVER

I _____, as a parent/guardian of a Mizrachi of Canada Scholarship applicant, hereby
(Parent/guardian name)

give the Mizrachi Organization of Canada and its representatives the right to view my financial information

provided by _____, in full.
(Name of School)

I understand that the Mizrachi Organization of Canada will use this information for internal use only to evaluate the Mizrachi Scholarship applicant, and the information provided by the above institution will be kept confidential by the Mizrachi Organization of Canada.

X _____
(Parent/guardian signature) (Date MM/DD/YYYY)