



Lebovic Financial Assistance Fund Application for Canadian students

To apply* for financial assistance through [Technion Canada](#), you must first be accepted into one of the [International Programs](#) at the Technion. Check application deadlines [here](#) and apply [here](#). Once admitted, return to this form to complete your financial aid application.

****Must be a Canadian citizen to apply***

A. Personal Information

Full Name:

Date of Birth (day/month/year):

Email Address:

Cell Phone Number:

Mailing Address:

B. Program Information

Technion Program Applied For/Enrolled In:

Student ID Number (if applicable):

Program Start Date:

Cost of program:

Cost of living expenses:

Amount of assistance needed (to a maximum of CAD\$10,000):

C. Financial Support

Are you currently employed? Yes No If yes, please explain:

Are you financially independent? Yes No

Do you receive support from your family? Yes No If yes, please explain:

Estimated Annual Household Income:



Do you have any dependents? Yes No

Number of dependents in your household (including yourself):

Have you received or will you be receiving any other scholarships or financial assistance? Yes No

If yes, specify amounts and sources:

Statement of Need

In 250–300 words, explain your need for financial assistance. Please include:

- Why you are interested in studying at the Technion
- How this bursary will help you achieve your academic goals
- Details about your financial situation and any challenges you face
- Any additional information relevant to your application

D. Supporting Documentation

Please provide the following documents to support your application:

1. Proof of acceptance into a Technion International Program.
2. Recent pay stubs or proof of income (for yourself and/or your household).
3. Previous year's tax returns (for yourself and/or your household).
4. A letter of recommendation (optional but encouraged)

F. Supporting Documentation

I hereby declare that the information provided in this application is true and accurate to the best of my knowledge. I understand that any false or misleading information may result in the rejection of my application or revocation of financial assistance.

Name:

Signature:

Date (day/month/year):

Thank you for applying.