



## **MACH HACH SCHOLARSHIP FUNDS – FINACIAL INFORMATION WAIVER**

I \_\_\_\_\_, as a parent/guardian of a Mizrahi of Canada Scholarship applicant, hereby  
(Parent/guardian name)

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

provided by \_\_\_\_\_, in full.

(Name of School)

I understand that the Mizrahi Organization of Canada will use this information for internal use only to

evaluate the Mizrahi Scholarship applicant, and the information provided by the above institution will be

kept confidential by the Mizrahi Organization of Canada.

**X** \_\_\_\_\_  
(Parent/guardian signature)

\_\_\_\_\_  
(Date MM/DD/YYYY)