



SCHOLARSHIP FUND – FINANCIAL 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)