

YESHIVA SHALOM RAV

APPLICATION FOR ADMISSION

P.O. Box 320, Tsfat, Israel • Telefax: 04-692-3643
E-mail: shrshlom@netvision.net.il - www.shalomrav.org

INSTRUCTIONS

Please fill out each item clearly and completely.

- Acceptance can only be on the basis of a personal interview.
- Shalom Rav reserves the right to request that high school and university transcripts be sent directly to our office.
- Please enclose a check or money order for \$100.00 for application fee.
- The privilege of studying at Shalom Rav is conditional on satisfactory work in all courses and adherence to the rules and regulations of the school. Shalom Rav reserves the right to require the withdrawal of any student, for any reason it deems sufficient.
- All questions must be answered and application signed and dated to be considered for acceptance.
- All personal information will be held in strictest confidence.**

PHOTOGRAPH

Application must be submitted with current photo signed on the back and photostat of current passport. (Page of passport containing picture, number, birthday, etc.)

TODAY'S DATE

	/		/	
--	---	--	---	--

1. APPLICANT'S NAME

<i>last</i>	<i>first</i>	<i>middle</i>	<i>Hebrew</i>	<i>Fathers Name</i>

2a. DATE OF BIRTH

/	/	
<i>month</i>	<i>day</i>	<i>year</i>

2b. PLACE OF BIRTH

<i>City</i>	<i>State</i>	<i>Country</i>

2c. CITIZENSHIP

--

3. ADDRESS AND TELEPHONE

a. HOME ADDRESS

	TELEPHONE ()
--	------------------

b. CURRENT ADDRESS (If you are attending school or working temporarily away from home).

	()
--	-----

c. RELATIVE IN ISRAEL (name and address)

	()
--	-----

d. NAME, ADDRESS & TELEPHONE OF PERSON TO CONTACT IN CASE OF EMERGENCY

	()
--	-----

d. E-MAIL address

--

f. FAX Number

()
---	--	---

4. PASSPORT NO.

--

4a. COUNTRY

--

4b. STATUS IN ISRAEL: TOURIST

--

TEMP. RESIDENT(A1)

--

5. If completing this application in Israel
WHEN DID YOU ENTER ISRAEL THIS TIME?

/	/	
<i>month</i>	<i>day</i>	<i>year</i>

5a. WERE YOU EVER IN ISRAEL BEFORE?

YES	<input type="checkbox"/>
NO	<input type="checkbox"/>

CITIZEN/OLEH

--

STUDENT.

--

ISRAELI ID NO

--

ARRIVAL DATES

DEPARTURE DATES

REASONS FOR VISIT (if for study state where)

6. MARITAL STATUS:

<input type="checkbox"/>	SINGLE	Year
<input type="checkbox"/>	MARRIED	<input type="text"/>
<input type="checkbox"/>	DIVORCED	<input type="text"/>
<input type="checkbox"/>	NO. OF CHILDREN	

7. I AM A:

<input type="checkbox"/>	COHEN
<input type="checkbox"/>	LEVI
<input type="checkbox"/>	YISROEL
<input type="checkbox"/>	DO NOT KNOW

8. WERE YOU BORN OF A JEWISH MOTHER?

<input type="checkbox"/>	YES
<input type="checkbox"/>	NO

9. If you, or your mother, or her mother, were converted, please specify who and include all available certification with your application.

Wife's Name _____

10. HOW MANY SIBLINGS AGES

Names of Siblings: _____

11. FATHER'S NAME

MOTHER'S PRESENT NAME AND MAIDEN NAME

<input type="text"/>	<input type="text"/>
HOME ADDRESS	HOME ADDRESS
<input type="text"/>	<input type="text"/>
OCCUPATION	EMPLOYER
<input type="text"/>	<input type="text"/>
OCCUPATION	EMPLOYER
<input type="text"/>	<input type="text"/>
BUSINESS ADDRESS & TEL.	BUSINESS ADDRESS & TEL.
<input type="text"/>	<input type="text"/>
EDUCATION (beyond high school)	EDUCATION (beyond high school)
<input type="text"/>	<input type="text"/>

PARENTS' MARITAL STATUS: _____ If either of your parents are remarried please supply their spouses' name:

Stepmother's Name:

Stepfather's Name:

<input type="text"/>	<input type="text"/>
----------------------	----------------------

12. FAMILY CONGREGATION _____ RABBI _____
ADDRESS _____

13. HOW DID YOU HEAR OF SHALOM RAV? _____

14a. INDICATE SPECIAL CHARACTERISTICS OF YOUR PHYSICAL HEALTH: (INCLUDE ANY ALLERGIES AND/OR SENSITIVITIES)

14b. HAVE YOU OR ARE YOU BEING TREATED FOR ANY EMOTIONAL CONDITION? Please Specify: (refer to number 6 in INSTRUCTIONS)

14c. IF YOU ARE TAKING, OR TOOK IN THE PAST, (on a protracted basis) ANY MEDICATION FOR ANY ASPECT OF YOUR HEALTH, PLEASE INDICATE:

15. ORGANIZATIONAL AFFILIATIONS, AWARDS, OR SCHOLARSHIPS RECEIVED:

16. IF YOU WERE NOT EMPLOYED SINCE LEAVING SCHOOL, DESCRIBE HOW YOU SPENT THIS INTERVAL:

17. IF EMPLOYED, SINCE LEAVING SCHOOL, WHO WAS YOUR LAST EMPLOYER?

NAME: _____ ADDRESS: _____

TEL: _____ YOUR POSITION: _____

EDUCATIONAL PROFILE

18. Name of high school graduated: _____

18. DATE OF GRADUATION FROM SECONDARY SCHOOL (high school or pre university):

month	year

19. UNIVERSITIES ATTENDED(ING):

NAME / LOCATION	DATES	DEGREE	GPA	MAJOR

19b. IF YOU DID NOT ATTEND OR COMPLETE UNIVERSITY, ARE YOU PLANNING TO DO SO ?

YES
 NO
 UNDECIDED

20. JEWISH EDUCATION:

- JEWISH GRAMMAR SCHOOL
 YESHIVA H.S
 AFTERNOON HEBREW SCHOOL
 PRIVATE TUTOR
 NONE

20b. KNOWLEDGE OF HEBREW: please check correct place on scale

NONE	FAIR	FLUENT				
<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 33%;"></td> <td style="width: 33%;"></td> <td style="width: 33%;"></td> </tr> </table>						READING
<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 33%;"></td> <td style="width: 33%;"></td> <td style="width: 33%;"></td> </tr> </table>						WRITING
<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 33%;"></td> <td style="width: 33%;"></td> <td style="width: 33%;"></td> </tr> </table>						SPEAKING:

20a. IF YOU ATTENDED A YESHIVA ANY TIME AFTER SECONDARY SCHOOL PLEASE LIST:

NAME OF INSTITUTION	FROM	THRU

REFERENCES

1. NAME: _____

ADDRESS AND TEL: _____

RELATIONSHIP: _____

2. NAME: _____

ADDRESS AND TEL: _____

RELATIONSHIP: _____

Please complete essay on reverse.

MEDICAL INSURANCE

Medical insurance coverage is **mandatory** for each student. Please be sure this is previously arranged, or contact us in advance about the student plans we have access to. No student is allowed to learn at Shalom Rav without medical coverage.

I HAVE CAREFULLY READ ALL OF THE INFORMATION ABOVE, AND HEREBY CERTIFY THAT ALL THE INFORMATION PROVIDED ON THIS FORM IS TRUE, ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

SIGNATURE

DATE

YOUR SIGNATURE IS **NOT** CONSTRUED AS A FINANCIAL COMMITMENT.

ESSAY

In a statement of not less than 250 words, please discuss: 1. Your Jewish educational background, knowledge of Jewish laws and customs and how you relate to Judaism. 2. Write a short autobiography.

