
Applicant's Name

last

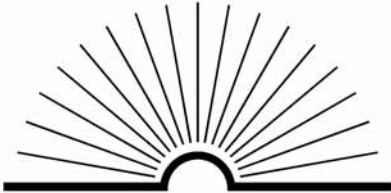
first

I am applying to the following program:

Center **Intermediate BM** **Beit Hamidrash**

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.)



OHR SOMAYACH Tanenbaum College

22 Shimon Hatzadik Street, POB 18103, Jerusalem 91180 Israel

Tel: 972-2-581-0315 Fax: 972-2-581-2890 Email: office@ohr.israel.net • www.ohr.edu

APPLICATION FOR ADMISSION

INSTRUCTIONS

Please read and follow instructions carefully. Fill out each item clearly and completely. Illegible or incomplete information may cause unnecessary delay. All personal information will be held in strictest confidence.

1. A personal or telephone interview will be required of all applicants. Refer to addresses of Ohr Somayach branches and affiliates at end of form to arrange an interview.
2. Ohr Somayach reserves the right to request that high school and university transcripts be sent directly to our office.
3. **No application will be processed unless accompanied by a check or money order for \$50.00 as a non-refundable application fee.** (If application is personally submitted in Israel, local currency is also acceptable.)
4. All questions must be answered and application signed and dated to be considered for acceptance. Non-applicable questions must be marked N/A.
5. No applicant will be accepted as a student and privileged to participate in classes or utilize the facilities of the dormitory or dining room until he has completed his registration with the Registrar and settled all matters of fees for tuition, room and board with the Bursar.
6. No deferment or reduction in payment of fees will be considered valid unless it is given, in writing, by the Bursar, who is the only one authorized to make decisions in these matters. See Tuition and Fees Schedule on page five.
7. It is mandatory that a student have health insurance coverage. See Medical Insurance information on page five.
8. The privilege of studying at Ohr Somayach is conditional on satisfactory work in all courses and adherence to the rules and regulations of the school. Ohr Somayach reserves the right to require the withdrawal of any student, for any reason it deems sufficient.

1. Personal Information

Please print all information clearly.

A. Applicant's Name

last first middle

Hebrew name Father's name

B. Date of Birth

D D M M Y Y Y Y

C. Citizenship

D. Status in Israel

tourist [] oleh/citizen [] other []

E. Teudat Zehut/Israeli ID: if applicable

F. Social Security No:

G. Permanent Home Address:

street

city state zip

Home Phone:

Home Fax:

Email:

H. Israel Address: if not on campus

phone mobile

J. Relative in Israel:

name

address

phone mobile

K. Passport No.

country

L. Place of Birth

city state country

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

D D M M Y Y Y Y

N. Applicant's Marital Status

single [] married [] divorced [] year year

Wife's full name: include maiden name

No. of children: []

O. I am a Cohen [] Levi [] Yisrael [] Do not know []

P. Were you born of a Jewish mother? []

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

Q. No. of siblings: [] ages: []

R. Parents' Marital Status

married [] divorced [] separated []

S. Emergency Contact in Israel:

name

address

phone mobile

2. Parent's Information

A. Father's full name

Father's occupation

Father's employer

Father's business address

Father's business phone and email

B. Mother's full name *include maiden name*

Mother's occupation

Mother's employer

Mother's business address

Mother's business phone and email

3. Medical Information

A. INDICATE ANY SPECIAL CHARACTERISTICS OF YOUR PHYSICAL HEALTH:

B. HAVE YOU BEEN OR ARE YOU BEING TREATED FOR ANY EMOTIONAL DISORDERS? Please specify:

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

4. General Information

A. Family Congregation

Rabbi

Address

B. ORGANIZATIONAL AFFILIATIONS, AWARDS, OR SCHOLARSHIPS RECEIVED:

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

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

Name of Employer

Address

Phone

Position

E. HOW DID YOU HEAR OF OHR SOMAYACH?

Internet JLE Friend Congregational Rabbi Other _____

5. Educational Information

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

[Blank box for graduation date]

Month Year

B. UNIVERSITIES ATTENDED(ING):

Name / Location

1. [Blank line]

2. [Blank line]

3. [Blank line]

<i>Dates</i>	<i>Degree</i>	<i>GPA</i>	<i>Major</i>
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1.			
2.			
3.			

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

Yes No Undecided

D. JEWISH EDUCATION check which applies to you:

Jewish Grammar School Yeshiva H.S. Afternoon Heb. School Private Tutor Other None

E. KNOWLEDGE OF HEBREW

On a scale of 1 - 10 (10 being the highest) rate your knowledge of Hebrew:

Reading Writing Speaking

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

Name of Institution From Thru

1. [Blank line]

2. [Blank line]

3. [Blank line]

6. Reference Information

A. LIST TWO REFERENCES

1. Name

[Blank line for name]

Address

Phone

[Blank line for address]

2. Name

[Blank line for name]

Address

Phone

[Blank line for address]

7. Medical Insurance

Medical insurance coverage is **mandatory** for each student. The most efficient coverage is through Israeli insurance plans made available through Ohr Somayach. Insurance companies from a foreign country are usually not accepted by physicians and hospitals in Israel. One needs to advance the payment to the health provider in Israel and then wait for reimbursement from the foreign insurance company. With an Israeli insurance plan one need only to show proof of being insured and no payment to health provider is necessary.

8. Declaration A

Please note that no Application will be accepted unless signed below by the applicant.

I HAVE CAREFULLY READ THE ABOVE APPLICATION ITEMS. I HEREBY ATTEST THAT ALL THE INFORMATION PROVIDED IS TRUE, ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

[Signature line]

Signature of Applicant

[Date line]

Date

9. Schedule of Tuition and Fees

Application Fee: \$50 (non-refundable) *(Please note that no Application for Admission will be accepted unless the \$50 Application Fee accompanies it.)*

PLEASE NOTE: *The following fees apply to any part of a civil calendar month regardless of whether the student was in the yeshiva for that entire month or only a part of it. Tuition and fees are subject to change without prior notice:*

Tuition: \$720 /month **Dormitory and meals:** \$480 /month / **Meals for Non-Dorm Students:** \$270 /month

PAYMENT METHODS: No student will be accepted unless he provides our office, before his arrival, with payment for the first month of his stay and post-dated checks or credit card authorization for the remaining months of his projected stay.

Payment can be made either by credit card by calling our NY office at **718-677-6200** or by check payable to **Ohr Somayach International**. Checks may be mailed to either: Ohr Somayach Institutions, POB 18103, Jerusalem 91180, Israel or Ohr Somayach International, 1399 Coney Island Ave., Brooklyn, NY 11230 USA.

10. Declaration B

Please note that no Application will be accepted unless signed below by the applicant.

I HEREBY ACKNOWLEDGE MY RESPONSIBILITY TO PAY FULL FEES ACCORDING TO THE ABOVE SCHEDULE OF PAYMENTS ESTABLISHED BY THE YESHIVA UNLESS I HAVE APPLIED FOR FINANCIAL AID AND RECEIVED APPROVAL OF MY APPLICATION IN WRITING FROM THE FINANCIAL AID ADMINISTRATOR (BURSAR).

[Signature line]

Signature of Applicant

[Date line]

Date

DID YOU REMEMBER TO INCLUDE?

US\$50 Application Fee One Current Photo
 Completed Statement (see back page) Copy of Passport and if in Israel valid entry visa

