
Applicant's Name

last

first

I am applying to the following program:

- ☐ **Shores - Introductory Department**
- ☐ **Jewish Learning Exchange (JLE)**
- ☐ **Mechina Program**

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		

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Hebrew name

Father's name

B. Date of Birth

D	D	M	M	Y	Y	Y	Y

C. Citizenship

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D. Status in Israel

tourist ☐ oleh/citizen ☐ other ☐

E. Teudat Zehut/Israeli ID: if applicable

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F. Social Security No:

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G. Permanent Home Address:

street									

city			state				zip		

Home Phone:

Home Fax:

Email:

H. Israel Address: if not on campus

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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 ☐

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				

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Shores-Introductory Department / Jewish Learning Exchange (JLE)

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

Address

Rabbi

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 ☐ Hebrew U. program ☐ Other ☐

4. Educational Information

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

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Month

Year

B. UNIVERSITIES ATTENDED(ING):

Name / Location

1.
2.
3.

Dates	Degree	GPA	Major
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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.
2.
3.

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Shoresh-Introductory Department / Jewish Learning Exchange (JLE)

5. Reference Information

A. LIST TWO REFERENCES

1. Name

Address

Phone

2. Name

Address

Phone

6. 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.

7. Tuition and Fees

The current fee for tuition, room and board is \$15,000 per 10 month academic year or \$1,500 per academic month. *Tuition and Fees are subject to change without notice.*

Payment schedule must be arranged with the Bursar. Please Note: No transcript or certificate will be issued without full payment of outstanding fees.

This applies even in the event that deferment or reduction in payment of fees has been mutually agreed upon by the Bursar and student.

JLE Summer and Winter Program Applicants

Special fees apply for JLE Summer and Winter programs. Contact one of the branch offices listed on page 6 for information. If you require financial assistance please explain using the space provided on page 6.

8. Declaration

I HAVE CAREFULLY PROVIDED ALL OF THE INFORMATION REQUESTED ABOVE. I AM AWARE OF THE FEE SCHEDULE AND POLICY.

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

Signature of Applicant

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

9. Statement

In 3-4 sentences, please describe: 1. Why I wish to attend Ohr Somayach. 2. My Jewish educational background 3. How I relate to Judaism.

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There is no text or other markings on the paper.

10. Completed Applications

COMPLETED APPLICATIONS SHOULD BE SENT TO ONE OF THE FOLLOWING ADDRESSES:

ISRAEL *(From any location)*

Ohr Somayach Institutions

22 Shimon Hatzadik Street, P.O.Box 18103 Jerusalem 91180

Tel: 02-581-0315 Fax: 02-581-2890 E-mail: wein@ohr.israel.net

Or if you prefer:

NORTH AMERICA

Ohr Somavach Institutions

1399 Coney Island Avenue, Brooklyn, NY 11230

Tel: 718-677-6200 Fax: 718-677-6299 E-mail: rzcorlin@aol.com

EUROPE

Jewish Learning Exchange / Ohr Somayach

152 Golders Green Road, London NW11 8HE UK

Tel: 181-458-4588 Fax: 181-458-4587 E-mail: jle@jle.org.uk

SOUTH AFRICA and AUSTRALIA

Ohr Somayach of South Africa

17 Northfield Ave. P.O.Box 646, Highlands N. 2037, Johannesburg

Tel: 11-887-1321 Fax: 11-887-7092 E-mail: ohr@corpdial.co.za