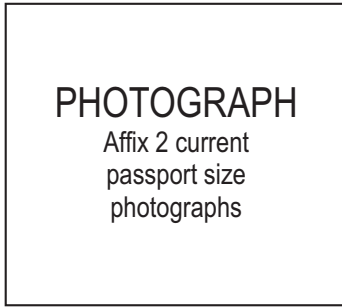

APPLICATION FOR ADMISSION

Completed application should be sent to the following address:

AFIKEI TORAH WOMEN'S SCHOOL 1049 East 13th Street, Brooklyn, NY 11230-4201 • Tel. 718-758-0280 • Fax: 718-758-0281

PLEASE FOLLOW THE INSTRUCTIONS BELOW BEFORE SUBMITTING YOUR APPLICATION.

- 1. PERSONAL STATEMENT** The committee of admissions seeks to gain an understanding of you as an individual. On a separate sheet of paper, please write any information you think would be helpful to us in considering your application. Include the reasons for your interest in AFIKEI TORAH and what you hope to gain throughout the year. Your statement will be kept in strict confidence.
- 2. REFERENCES** Please obtain a recommendation from the principal of your school or Torah department using the enclosed reference form.
- 3. TUITION** For information on tuition fees please contact the New York office.
- 4.** In order to insure that your application is processed without delay, the following items must be submitted together to our Brooklyn office:
 - A. Your completed application form.
 - B. 2 recent passport size photographs - application *WILL NOT* be processed without photographs.
 - C. Your personal statement.
 - D. US\$100. (non refundable) check or money order drawn on a US bank for the application fee.Upon receipt of the above 4 items, you will be contacted to arrange for a personal interview.
- 5.** In addition, the following items must be sent to our Brooklyn office without delay:
 - A. High school / College transcripts.
 - B. One completed AFIKEI TORAH reference form.



17 Duvdevani, Jerusalem, Israel 96428
 Tel: 02-644-8455 • Fax: 02-644-8454 • E-mail: info@afikeitorah.co.il

New York Office: 1049 East 13th Street, Brooklyn, NY 11230-4201
 Tel: 718-758-0280 • Fax: 718-758-0281

**APPLICATION
 FOR ADMISSION**

1. APPLICANT'S NAME

last	first	middle	Hebrew

2. DATE OF BIRTH	2a. PLACE OF BIRTH	2b. CITIZENSHIP
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3. HOME ADDRESS, CITY, STATE, ZIP, COUNTRY

3a. TELEPHONE (VERY IMPORTANT)

()	()	
HOME	FAX	E-MAIL address

3a. CURRENT ADDRESS (if different than home address)	DAY TEL (VERY IMPORTANT)
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3b. NAME & ADDRESS OF PERSON TO CONTACT IN CASE OF EMERGENCY	DAY TEL (VERY IMPORTANT)
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4. PASSPORT NO	4a. COUNTRY	4b. SOCIAL SECURITY No.
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5. FATHER'S NAME	HEBREW	MOTHER'S FIRST AND MAIDEN NAME	HEBREW
HOME ADDRESS		HOME ADDRESS	
OCCUPATION	EMPLOYER	OCCUPATION	EMPLOYER
BUSINESS ADDRESS & DAY TEL. (Very Important)		BUSINESS ADDRESS & DAY TEL. (Very Important)	
EDUCATION (high school. yeshivot, colleges)		EDUCATION (high school. yeshivot, colleges)	
Email:	Cell Phone:	Email:	Cell Phone:

6. NUMBER OF SIBLINGS AGES

7. FAMILY SYNAGOGUE: _____ RABBI: _____

ADDRESS: _____ TEL: _____

8. YOUTH GROUP AFFILIATION: _____

8A. OFFICES HELD: _____

8B. LIST OTHER MAJOR EXTRACURRICULAR ACTIVITIES: _____

9. HAVE YOU EVER HELD A JOB DURING THE SCHOOL YEAR? YES NO

IF YES, PLEASE DESCRIBE: _____

9A. DESCRIBE YOUR SUMMER ACTIVITIES DURING THE PAST 3 SUMMERS (camp, travel, work, etc.) :

10. PREVIOUS VISITS TO ISRAEL (dates and programs) _____

11. HAVE YOU OR YOUR PARENTS EVER HELD ISRAELI CITIZENSHIP, OR LIVED IN ISRAEL AS A "TEMPORARY RESIDENT" OR OLAH CHADASHA?

YES NO IF YES, PLEASE DESCRIBE _____

12. FAMILY IN ISRAEL:

Name: _____ Name: _____

Address: _____ Address: _____

Tel: _____ Tel: _____

Relationship: _____ Relationship: _____

Shomer Shabbat? _____ Shomer Shabbat? _____

13. WHAT ARE YOUR PLANS FOR THE YEAR AFTER SEMINARY: _____

14. IF UNIVERSITY PLEASE INDICATE WHERE AND PROJECTED MAJOR: _____

15. LIST ANY ACADEMIC OR SERVICE AWARDS OR SCHOLARSHIPS YOU HAVE RECEIVED: _____

16. Do you have any learning disabilities or physical handicaps which might require special attention?

YES NO IF YES, PLEASE DESCRIBE: _____

17. LIST ALL OTHER SCHOOLS TO WHICH YOU HAVE APPLIED OR INTEND TO APPLY FOR THE COMING YEAR:

18. FROM WHICH SOURCES DID YOU HEAR OF AFIKEI TORAH? _____

19. SCHOOL PRESENTLY ATTENDING: _____ Grade: _____

High School AVERAGES : Hebrew: English: College Index:

20. WHEN DID/WILL YOU TAKE THE SAT, A-LEVELS OR OTHER RELEVANT TESTING SCORES REQUIRED IN YOUR COUNTRY?

Month / Year SCORES: Verbal: Math:

21. PREVIOUS EDUCATION: (elementary , high school, college)

School	Dates Attended	Degree

MEDICAL INFORMATION *All information MUST be completed and signed.*

History Do you have a history involving any of the following:

Cardiac / Pulmonary Yes No

Orthopedic Yes No

Gastro / Intestinal Yes No

Genito / Urinary Yes No

Neurological Yes No

Endocrinological Yes No

Eating Disorders Yes No

If YES to any of the above, please give particulars: dates, complications and any residual symptoms.

Allergies

Is there a history of allergy to any medication or food substance?

Yes No

If YES please give particulars: _____

Medication

Are you presently on any medication? If so, please attach statement of dosage and directions for the school to have on file.

Data

Height _____ Weight _____

TO THE BEST OF MY KNOWLEDGE THE ABOVE MEDICAL INFORMATION IS TRUE AND CORRECT.

SIGNATURE

DATE

REFERENCE FORM

APPLICANT'S NAME:

PHONE NUMBER:

HOME ADDRESS:

SCHOOL PRESENTLY ATTENDING:

TO THE APPLICANT:

Fill in the above information. Give a stamped envelope addressed to AFIKEI TORAH 1049 East 13th Street, Brooklyn, NY 11230 together with this form to the individual whose recommendation you are seeking.

TO THE RESPONDENT:

The Committee on Admissions finds candid evaluations helpful in choosing from among many highly qualified candidates. We are interested in the above applicant's ethical and moral character, her commitment to Torah ideals and the observance of mitzvot and her overall qualifications for spending a year and developing in Eretz Yisrael.

CONFIDENTIALITY:

Materials submitted in support of applications for admissions are used by those members of the Admissions Committee charged with the responsibility for the admissions procedure. Each individual given access to the materials is instructed to maintain strict confidentiality. AFIKEI TORAH does not provide access to admissions records to anyone, including applicants who have been rejected or to those who decline admission.

RATINGS:

Please rate the applicant on the basis of 1 to 10 (10 being the highest) in the following areas:

AREA OF EVALUATION	RATING 1-10	COMMENTS
Desire for growth		
Ability to get along with peers		
Responsiveness to constructive criticism		
Responsiveness to authoritative figure		
Maturity		
Intellectual ability		
Academic achievements		
Disciplined work habits		

EVALUATION

1. Personal Characteristics:

2. Academic Characteristics:

Background Information:

How long have you known the applicant? _____

Please note any capacity in which you have known the applicant outside the classroom (Rabbi, advisor, family friend, etc.).

Please return this form to our office in the envelope provided by the applicant.

NAME: _____

ADDRESS: _____

TELEPHONE: _____

INSTITUTION: _____

TITLE: _____

SIGNATURE: _____ DATE: _____