

Dear Applicant:

This joint application may be filled out once and copied as many times as necessary but must be mailed to each school separately. Please pay attention to the individual deadlines and application fees.

Each application must include two current passport photographs, your transcript, SAT scores (for U.S. students), GSCE scores (for British students), two letters of recommendation and an essay. Please choose one of the following topics for your essay:

The person or event that most influenced my Jewish development.

What are my goals for my year in Israel.

The character in Jewish History I would most like to meet.

*The essay may be submitted in English or Hebrew.*

### **We look forward to meeting you!**

Listed below is the information for each program. **All applications should be sent to the relevant addresses below.**

*Application deadline is December 1st unless otherwise noted. Application fee is \$100 unless otherwise noted.*

Please see reverse side for additional information.

#### **Baer Miriam**

##### **U.S. and Canadian Applications:**

J. Orbach  
137-26 73rd Terr.  
Flushing, N.Y. 11367-2304

##### **European and other Applications:**

P.O. Box 43091 Har Nof, Jerusalem, Israel

#### **Emunah V'Omanut**

Additional application material is required.  
Please see our website for details.

##### **US and Canadian Applications:**

Emunah of America c/o Carol Sufian  
7 Penn Plaza, New York, NY 10001

##### **European and other Applications:**

Emunah College  
c/o Rabbi David Debow  
P.O.B. 10290, 104 Derech Bet Lechem  
Jerusalem, Israel 91102

#### **Maayanot**

##### **U.S. and Canadian Applications:**

J. Orbach  
137-26 73rd Terr. Flushing, N.Y. 11367-2304

##### **European and other Applications:**

P.O. Box 43091  
Har Nof, Jerusalem, Israel

#### **Machon Gold**

Rechov Hizkiyahu Hamelech 15  
Jerusalem 93147, Israel

#### **Machon Maayan**

##### **U.S. and Canadian Applications:**

3209 Avenue L, Brooklyn, NY 11210

##### **European and other Applications:**

OU Israel Center, 22 Keren Hayesod,  
POB 37015, Jerusalem 91370, Israel

#### **Meor HaTorah College of Judaic Studies for Women**

##### **US and Canadian applications:**

137-26 73rd Terrace  
Flushing NY 11367-2304

##### **European and other Applications:**

PO Box 43091  
Har Nof, Jerusalem, Israel

#### **Michlelet Esther**

Rechov Beit Yitzchak 1  
POB 43016

Har Nof, Jerusalem, Israel

Application Deadline: not applicable

Application Fee: \$125

#### **Michlelet Mevaseret Yerushalayim**

##### **U.S. and Canadian Applications:**

2 Keri Lane  
New Hempstead, NY 10977, USA

##### **European and other Applications:**

25 Rabbi Najara Street  
Givat Shaul, Jerusalem 95471, Israel

#### **Midreshet AMIT@ Beit Hayed**

Rechov Hashayish 9  
Jerusalem 93841, Israel

#### **Midreshet Ein Hanatziv**

Midreshet Habanot shel Kibbutz Hadati  
Kibbutz Ein Hanatziv  
D.N. Beit Shean 10805, Israel

#### **Midreshet HaRova**

50 Rechov Chabad  
Old City, Jerusalem 97500, Israel

#### **Midreshet Lindenbaum**

51 Leib Yaffe St.  
Jerusalem 93390, Israel

#### **Midreshet Moriah**

POB 3235 Jerusalem 91031, Israel  
Application Deadline: November 28

#### **Midreshet Yeud Overseas Program**

31 Mishol Hadkalim, Ramot Bet  
Jerusalem, 97278, Israel

#### **Michlelet Orot**

Elkana 44814, Israel

#### **Nishmat – Shana Ba'aretz Program**

Rechov Michlin 27  
Bayit Vegan, Jerusalem 96430, Israel

#### **Shaalvim for Women**

c/o Reich Hotel  
1 Hagai St. Bet Hakerem  
Jerusalem, 96262, Israel

#### **Tiferet**

##### **U.S. and Canadian Applications:**

415 Ave I, Brooklyn, NY 11230  
718-253-0230

##### **European and other Applications:**

Tiferet Center, Nachal El-Ai 10  
Ramat Beit Shemesh, Israel

#### **Tomer Devorah**

Tomer Devorah Seminary  
6551 N Mozart St., Chicago, IL 60645

## ADDITIONAL INFORMATION

### **Baer Miriam**

P.O. Box 43091  
Har Nof, Jerusalem Israel  
Telephone: 02 652 9390  
Fax: 02 652 9376  
Cellular: 054 481 1739  
bnot@netvision.net.il  
www.beermiriam.cjb.net  
**U.S.:**  
Telephone: 516 986 4766

### **Emunah V'Omanut**

Emunah College  
c/o Rabbi David Debow  
P.O.B. 10290  
104 Derech Bet Lechem  
Jerusalem, Israel 91102  
Phone in Israel: 02 673 3767  
Fax: 646 349 3704  
Phone in US: 866 253 1025  
Phone in Canada: 877 606 8335  
ddebow@emunah.org  
www.EmunahTorahArt.org

### **Maayanot**

P.O. Box 43091  
Har Nof, Jerusalem Israel  
Telephone: 02 652 9390  
Fax: 02 652 9376  
Cellular: 054 481 1739  
bnot@netvision.net.il  
www.beermiriam.cjb.net  
**U.S.:**  
Telephone: 516 986 4766

### **Machon Gold**

Telephone: 02 561 2499  
Fax: 02 561 7198  
office@machongold.org  
www.machongold.org

### **Machon Maayan**

OU Israel Center, 22 Keren Hayesod  
POB 37015, Jerusalem 91370  
Telephone: 02 566 7787 ext. 240  
Fax: 02 561 0113 (attn: Menachem Persoff)  
menp@netvision.net.il  
www.machonmaayan.org  
**U.S.:**  
Phone: 718 377 0339  
Fax: 718 377 2893  
myfuture@machonmaayan.org

### **Meor HaTorah College of Judaic Studies for Women**

PO Box 43091  
Har Nof, Jerusalem  
Telephone: 02 652 9390  
212 444 1664 (VOIP line in Israel)  
Fax: 02 652 9376  
admissions@meorhatorah.com  
www.meorhatorah.com

### **Michlelet Esther**

Telephone: 02 654 4543  
Fax: 02 653 5329  
meoffice@nevey.org  
www.nevey.org  
**U.S.:**  
Telephone/Fax: 718 576 2028.  
*(This phone is VOIP line in Israel. No calls  
after 11:00 p.m. Israel time, please).*

### **Michlelet Orot**

Elkana 44814, Israel  
Telephone: 03 906 1207  
Fax: 03 936 3564  
btz@orot.org  
www.orot.org

### **Michlelet Mevaseret Yerushalayim**

25 Rabbi Najara Street  
Jerusalem 95471, Israel  
Telephone: 02 652 7257  
Fax: 02 652 7162  
office@mmy.org.il  
www.mevaseret.org/mmy  
**U.S.:**  
Telephone: 845 364 9286  
Fax: 845 364 9287  
usa@mevaseret.org

### **Midreshet AMIT@ Beit Hayeled**

Phone: 212 203 4683 (VOIP line in Israel)  
Cellular: 052 60 70 852  
Fax: 02 676 8675  
midreshetamit@amit.org.il  
www.amit.org.il/midreshetamit

### **Midreshet Ein Hanatziv**

Telephone: 04 606 2900  
Fax: 04 606 2868  
midrasha@hanatziv.org.il  
www.midrasha.org.il

### **Midreshet HaRova**

Telephone: 02 628 7239 ext. 206  
Fax: 02 628 4690  
office@midreshetharova.org.il  
www.midreshetharova.org.il

### **Midreshet Lindenbaum**

Telephone: 02 671 0043  
Fax: 02 671 0144  
office@lind.org.il  
**U.S.:**  
Telephone: 212 935 8672  
Fax: 212 935 8683  
ohrtorahstone@otsny.org

### **Midreshet Moriah**

Telephone: 02 652 7449, 02 651 9631  
Fax: 02 651 1524  
midreshetmoriah@gmail.com  
www.midreshetmoriah.com

### **Midreshet Yeud Overseas Program**

Telephone: 02 571 3060  
Fax: 02 586 2634  
Email: ravhillel@midreshet-yeud.org.il  
Website: www.midreshet-yeud.org.il

### **Nishmat – Shana Ba'aretz Program**

For inquiries: linda@nishmat.net  
Telephone: 02 642 1051  
Fax: 02 641 9752

### **U.S.:**

American Friends of Nishmat  
Telephone: 212 983 6975  
linda@nishmat.net  
www.nishmat.net/ShanaBaAretz.php

### **Shaalvim for Women**

Telephone: 02 678 4062  
Fax: 02 678 0342  
sfw@shaalvim.co.il  
www.shaalvim.org

### **U.S.:**

American Friends of Yeshivat Sha'alvim  
1144 E. 29 Street  
Brooklyn, New York 11210  
Telephone: 718 677 7200  
Fax: 718 677 3080  
office@usshaalvim.org

### **Tiferet**

Nachal El-Al 10  
Ramat Beit Shemesh  
Telephone: 02 999 7957  
Fax: 050 897 1328

### **U.S.:**

415 Ave I  
Brooklyn, NY 11230  
Telephone: 718 253 0230  
Fax: 718 338 1250  
info@tiferetcenter.com  
www.tiferetcenter.com

### **Tomer Devorah**

Rechov Atzag 54  
Ramot 06, Jerusalem  
Telephone: 02 571 6633  
Fax: 312 873 4172  
info@tomerdevorah.net  
www.tomerdevorah.net  
US Office  
Phone: 773 262 0208  
Fax: 312 873 4172

**FOR ADMISSION TO:**

(Name of School)

(For Academic Year)

Attach two  
original, current  
passport-size  
photos

Family Name \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_ Hebrew (First and Family) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State/Province \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_ Country \_\_\_\_\_

Mailing Address if different than above: \_\_\_\_\_

Telephone: Personal \_\_\_\_\_

E-mail address: Personal \_\_\_\_\_

Parents \_\_\_\_\_

Parents \_\_\_\_\_

Fax: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

**CURRENT SCHOOL:** \_\_\_\_\_

Passport Number: \_\_\_\_\_

Date of Birth: month/day/year \_\_\_\_\_

Country Issuing Passport: \_\_\_\_\_

Place of Birth: \_\_\_\_\_

Synagogue: \_\_\_\_\_

Citizenship: \_\_\_\_\_

Rabbi: \_\_\_\_\_

Name

Phone Number

**FATHER:****MOTHER:**

Last Name \_\_\_\_\_ First \_\_\_\_\_

Last Name \_\_\_\_\_ First \_\_\_\_\_ Maiden \_\_\_\_\_

Occupation \_\_\_\_\_ Citizenship \_\_\_\_\_

Occupation \_\_\_\_\_ Citizenship \_\_\_\_\_

Business Phone \_\_\_\_\_ Business Fax \_\_\_\_\_ Cell Phone \_\_\_\_\_

Business Phone \_\_\_\_\_ Business Fax \_\_\_\_\_ Cell Phone \_\_\_\_\_

Address if different from the applicant: \_\_\_\_\_Address if different from the applicant: \_\_\_\_\_

Educational Background: (religious and secular) \_\_\_\_\_

Educational Background: (religious and secular) \_\_\_\_\_

If you live with a guardian, please write his/her name and relationship to you: \_\_\_\_\_

**SIBLINGS:**

Name	Age	School/Occupation	Yeshiva attended in Israel (if applicable)

**EDUCATION:**

Name of School	Location	Attended (from-to)
Elementary Schools _____		
Secondary Schools _____		
Colleges, Universities _____		
Jewish Schools (if not included above) _____		

High School Average: \_\_\_\_\_ SAT Scores: Math \_\_\_\_\_ Verbal \_\_\_\_\_

Applicant's Name \_\_\_\_\_

HEBREW SKILLS: *Please rate yourself (1=none, 5=fluent)*

Read with vowels

1 2 3 4 5

Read w/o vowels

1 2 3 4 5

Understand

1 2 3 4 5

Speak

1 2 3 4 5

Write

1 2 3 4 5

Have you had experience learning and translating Chumash with mefarshim? (Give details) \_\_\_\_\_

Nach with mefarshim? (Give details) \_\_\_\_\_

Halacha? (Give details) \_\_\_\_\_

Torah She'baal Peh? (Give details) \_\_\_\_\_

Extracurricular activities - Describe your extracurricular activities in and out of school: \_\_\_\_\_

What did you do the last three summers? \_\_\_\_\_

Previous visits to Israel: Indicate date(s) and program(s) \_\_\_\_\_

Work Experience: \_\_\_\_\_

List the other Israel programs to which you are applying: \_\_\_\_\_

List the colleges to which you are applying: \_\_\_\_\_

Please list the people who will be writing letters of recommendation for you:

Name: \_\_\_\_\_ Position: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Position: \_\_\_\_\_ Phone: \_\_\_\_\_

Family or close friends in Israel (if any):

Name Address Telephone Relationship

Name Address Telephone Relationship

Signature: \_\_\_\_\_ Parent's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_

**Please remember to include the application fee, essay, and two photographs. Please insure that your transcript, SAT/GSCE scores, and two letters of recommendation arrive before the deadline.**

# MEDICAL FORM

(This information will be kept strictly confidential.)

Name of Student: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Mother's name: \_\_\_\_\_

Parents are married  divorced  separated  widowed

Address: \_\_\_\_\_

Phone no.: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Passport no.: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

## PERSON IN ISRAEL TO NOTIFY IN CASE OF EMERGENCY:

Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

1. Are you a vegetarian, vegan or do you have any special dietary requirements? \_\_\_\_\_

\_\_\_\_\_

2. Height: \_\_\_\_\_ Weight: \_\_\_\_\_

3. Have you or any member of your family suffered from: tuberculosis, epilepsy, emotional disturbances, heart diseases, asthma, diabetes, digestive tract diseases, other diseases.

Please check appropriate answer below. If yes, give details. Use separate sheet, if necessary. ( ) NO ( ) YES Details: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

4. Please list any hospitalizations and diagnosis: ( ) NO ( ) YES Details and dates:

\_\_\_\_\_

5. Have you ever received psychological counseling: ( ) NO ( ) YES Details:

\_\_\_\_\_

6. Are you allergic to any medications: ( ) NO ( ) YES

If yes, indicate which medications: \_\_\_\_\_

7. List any other allergies: \_\_\_\_\_

8. Have you ever suffered from an eating disorder? ( ) NO ( ) YES Details:

\_\_\_\_\_

# MEDICAL EXAMINATION TO BE COMPLETED BY PHYSICIAN

Student: \_\_\_\_\_

1. Vision:	_____	Hearing:	_____
2. General Examination	Normal	Deviation from Normal	
Height	_____		_____
Weight	_____		_____
Heart	_____		_____
Lungs, Chest	_____		_____
Blood Pressure	_____		_____
Hemoglobin	_____		_____
Abdomen, Digestive Tract	_____		_____
Mouth, Throat	_____		_____
Skin	_____		_____
Spine	_____		_____
Feet	_____		_____
Nervous System	_____		_____
Allergies	_____		_____
Menstrual History	_____		_____

Other remarks: \_\_\_\_\_

3. a) Is student presently receiving any medications? Is so, please attach statement of such medications with dosage and directions.  
b) List any medication that the student has taken regularly at any point over the last three years.  
\_\_\_\_\_

4. Does the student have any history of an eating or dietary disorder, or currently manifest any signs of either? ( ) NO ( ) YES

Details: \_\_\_\_\_

5. Does the student have any physical limitations: ( ) NO ( ) YES

Details: \_\_\_\_\_

6. Date of last tetanus immunization: \_\_\_\_\_

I have examined the above named student and DO consider her physically and emotionally able to participate in your program in Israel.

Name of Physician (please print): \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

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To the best of my knowledge, all the above information is both accurate and complete.

Student Signature \_\_\_\_\_

# RECOMMENDATION FORM

Candidate's Name \_\_\_\_\_

Recommender's Name \_\_\_\_\_

**TO THE CANDIDATE:** Please print your name in the space provided above and submit copies of this form to your principal and one teacher, or to two teachers who have known you for the past two years.

**To Whom It May Concern:**

The student whose name appears above is a candidate for admission to \_\_\_\_\_. We would appreciate your filling out both sides of this recommendation form on the basis of your relationship with her. The completed form may be returned directly to the above seminary. Please see the addresses attached to this form.

*The contents of this form will be kept entirely confidential.*

**Candidate's emotional maturity:**

\_\_\_\_\_

**Candidate's academic ability:**

\_\_\_\_\_

**Candidate's leadership qualities, ability to function independently, general health and general comments you consider helpful:**

\_\_\_\_\_

**Candidate's level of motivation**

\_\_\_\_\_

**Candidate's religious motivation**

Are you aware of any medical issues that the student suffers from? If yes, please explain.

When you think of the candidate, what are the first three adjectives that come to mind?

\_\_\_\_\_

(Please continue on the next side)

Candidate's Name \_\_\_\_\_

**PLEASE CHECK THE MOST APPROPRIATE ANSWER**

Attribute	Always	Often	Sometimes	Rarely	Never	No data
Takes initiative						
Leader of peers						
Shows flexibility						
Participates well in class						
Participates well in informal activities						
Willing to help others						
Considerate of others						
Relates properly to teachers						
Exhibits a warm, caring personality						
Copes well with setbacks						
Accepts personal responsibility						
Is honest and straightforward						
Is modest in appearance and manner						
Contributes to Torah atmosphere						

**PLEASE CHECK THE MOST APPROPRIATE ANSWER**

	Below Average	Average	Good	Very Good	Excellent Top 15%	No data
Academic Ability						
Critical and questioning attitude						
Pursuit of independent study						
Academic Motivation						
Disciplined work habits						
Self Confidence						
Interest in religious growth						

If you have any additional comments or observations that you feel will help us better understand this applicant, please attach a letter.

Signature \_\_\_\_\_ Name (please print) \_\_\_\_\_

Date \_\_\_\_\_ School and Position \_\_\_\_\_

Phone Number \_\_\_\_\_

*Thank you for your cooperation and assistance*