

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), GCSE 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
ddebowl@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: 02 641 0280
Fax: 08 927 6516
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 GPA: _____ SAT Scores: Math _____ Verbal _____ Writing _____

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: _____

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