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ישיבת התפוצות

DIASPORA YESHIVA

Mount Zion; P.O.B. 6426; Jerusalem 91063, Israel

Tel:(972)-2-671-6841 Fax:(972)-2-672-9493

Email: diasporayesh@yahoo.com

APPLICATION FOR ADMISSION WORK SHEET

PLEASE CHECK THAT YOU HAVE COMPLETED ALL OF THE STEPS BELOW
BEFORE SUBMITTING YOUR APPLICATION.

1) APPLICATION FORM

- Complete the application form. All questions must be answered and the application signed and dated.

2) PASSPORT & PHOTOS

- Enclose a photocopy of the information page of your current passport.
- Enclose two current passport photos with your name written on the back.

3) ESSAY

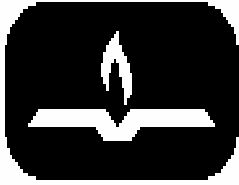
- On a separate sheet of paper, write a 300-word essay on the topic:
Being Jewish - Where I am and where I want to go.

4) APPLICATION FEE

- Enclose a check written out to Diaspora Yeshiva for US\$100. (The application fee is non-refundable)

COMPLETED APPLICATIONS SHOULD BE SENT TO THE ADDRESS ABOVE

A registration package will be sent upon acceptance.



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APPLICATION FOR ADMISSION

APPLICANT'S INFORMATION

LAST NAME	FIRST NAME	MIDDLE NAME	HEBREW NAME

AGE	DATE OF BIRTH	PLACE OF BIRTH	CITIZENSHIP

HOME ADDRESS,	CITY,	STATE,	ZIP,	COUNTRY

CURRENT ADDRESS (if different than above)

--

TELEPHONE	FAX	E-MAIL

PASSPORT NO.	COUNTRY	SOCIAL SECURITY No.

FATHER'S FULL NAME	HEBREW	MOTHER'S FULL NAME	HEBREW

HOME ADDRESS	HOME ADDRESS

OCCUPATION	EMPLOYER	OCCUPATION	EMPLOYER

BUSINESS ADDRESS	TELEPHONE	BUSINESS ADDRESS	TELEPHONE

EDUCATION (high school. yeshivot, colleges)	EDUCATION (high school. yeshivot, colleges)

Email:	Cell Phone:	Email:	Cell Phone:

MARITAL STATUS MARRIED DIVORCED SEPARATED WIDOWED
 OTHER

NAME & ADDRESS OF PERSON TO CONTACT IN CASE OF EMERGENCY

--

HOME TELEPHONE	DAY TELEPHONE	FAX	E-MAIL

--

Applicant's Name

HAVE YOU OR YOUR PARENTS EVER HELD ISRAELI CITIZENSHIP, OR LIVED IN ISRAEL AS A "TEMPORARY RESIDENT" OR "OLAH CHADASH"? YES NO

IF YES, PLEASE DESCRIBE

--

FAMILY IN ISRAEL:

Name

Relationship

--	--

Address

Tel

--	--

PREVIOUS VISITS TO ISRAEL (Dates and Programs)

FAMILY SYNAGOGUE

RABBI

--	--

ADDRESS

TEL

--	--

WERE YOU BORN OF A JEWISH MOTHER? YES NO

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

Applicant Mother Her Mother When _____

I AM A: COHEN LEVI YISRAEL DON'T KNOW

WHAT IS YOUR JEWISH EDUCATION?

HEBREW DAY SCHOOL AFTERNOON HEBREW SCHOOL

NONE OTHER _____

RATE YOURSELF ON YOUR KNOWLEDGE OF HEBREW:

READING: FLUENT NONE

WRITING: FLUENT NONE

SPEAKING: FLUENT NONE

SCHOOL PRESENTLY ATTENDING

Grade

--	--

HIGH SCHOOL AVERAGES:

Hebrew:

English:

College Index:

--	--	--

SAT SCORES:

Verbal:

Math:

--	--

Applicant's Name

PREVIOUS EDUCATION: (elementary, high school, college)

School	Dates Attended	Degree

LIST ANY ACADEMIC OR SERVICE AWARDS OR SCHOLARSHIPS YOU HAVE RECEIVED:

DO YOU HAVE ANY LEARNING DISABILITIES OR PHYSICAL HANDICAPS THAT REQUIRE SPECIAL ATTENTION: YES NO

Describe

WHAT ARE YOUR PLANS THE YEAR AFTER DIASPORA YESHIVA?

IF UNIVERSITY PLEASE INDICATE WHERE AND PROJECTED MAJOR:

YOUTH GROUP AFFILIATION:

OFFICES HELD:

OTHER MAJOR EXTRACURRICULAR ACTIVITIES

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

Describe

DESCRIBE YOUR RECENT SUMMER ACTIVITIES (camp, travel, work, etc.)

OTHER INTERESTS AND SKILLS (e.g., I play the drums, love hiking, and run my own web site)

Applicant's Name

HOW DID YOU HEAR OF DIASPORA YESHIVA?

LIST TWO REFERENCES: (Rabbis, Youth Group Directors, Community Leaders)

1. NAME:

TELEPHONE:

RELATIONSHIP:

2. NAME:

TELEPHONE:

RELATIONSHIP:

This application must be accompanied by a check in the amount of \$100 payable to Diaspora Yeshiva. This fee covers the application and evaluation and is non-refundable.

I agree that Diaspora Yeshiva will be held harmless in the processing of this application and the use of the information provided.

I have carefully read all of the information above, and hereby certify that all the information provided on this form is true, accurate and complete.

<input type="text"/>	<input type="text"/>
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SIGNATURE OF PARENT OR GUARDIAN

DATE

<input type="text"/>	<input type="text"/>
----------------------	----------------------

SIGNATURE OF PARENT OR GUARDIAN

DATE

<input type="text"/>	<input type="text"/>
----------------------	----------------------

SIGNATURE OF APPLICANT

DATE