

Eshel Application



For Academic Year _____

Family Name _____ First _____ Middle _____ Hebrew (First and Family) _____

Address _____ City _____ State/Province _____ Zip/Postal Code _____ Country _____

Mailing Address if different than above: _____

Telephone: Personal _____ cell phone _____

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: _____

Educational Background: _____

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 _____

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

Read with vowels	Read w/o vowels	Understand	Speak	Write
1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	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: _____

APPLICATION PROCEDURE

The application must be sent in complete with the following items:

- 1) Complete High School transcripts
- 2) Two recent passport photographs with your name on the back
- 3) Copies of SAT or other relevant test scores
- 4) Application fee of \$75 in a current dated check made out to "Midreshet Eshel"
(to be deducted from tuition upon acceptance)

*All applications must be received **no later than December 1, 2010:***

Email:

info@sephardicseminary.org

If you have any questions, feel free to email us at info@sephardicseminary.org, or call our Director, Miriam Tawil, at 718-376-0717, or call the Eshel office in Israel at 011-972-2-966-6621.