

# Midreshet 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 \$100 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:***

*Email:*

info@sephardicseminary.org

*If you have any questions, feel free to email us at [info@sephardicseminary.org](mailto: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.*