

APPLICATION FOR ADMISSION
BAIS MEDRASH PROGRAM
RABBINICAL SEMINARY OF AMERICA
76-01 147TH STREET; FLUSHING, NY 11367
(718) 268-4700; FAX (718) 268-4684
YESHIVAS OHR YECHZKEL – WISCONSIN INSTITUTE FOR TORAH STUDY
3288 NORTH LAKE DRIVE; MILWAUKEE, WI 53211
(414) 963-9317; FAX (414) 963-1415

PLEASE TYPE OR PRINT CLEARLY

1. APPLICANT

NAME _____
Last First Middle Full Hebrew Name

HOME ADDRESS _____

CITY/STATE/ZIP _____ TELEPHONE _____

BIRTHDAY _____ BIRTHPLACE _____ SSN _____

CURRENT YESHIVA _____ LEVEL _____

ADDRESS _____ DO YOU DORM? _____

CITY/STATE/ZIP _____ TELEPHONE _____

TELEPHONE NUMBER WHERE YOU CAN BE REACHED (DORM STUDENTS) _____

2. PARENTS

FATHER/GUARDIAN'S NAME _____ BIRTHPLACE _____

ADDRESS/PHONE (if different) _____

OCCUPATION _____ FIRM _____

BUSINESS ADDRESS _____

CITY/STATE/ZIP _____ TELEPHONE _____

MOTHER/GUARDIAN'S NAME _____ BIRTHPLACE _____

ADDRESS/PHONE (if different) _____

OCCUPATION _____ FIRM _____

BUSINESS ADDRESS _____

CITY/STATE/ZIP _____ TELEPHONE _____

SYNAGOGUE AFFILIATION _____ RABBI _____

3. HIGH SCHOOL EDUCATION

SCHOOL	DATES ATTENDED	SCHOOL	DATES ATTENDED
--------	----------------	--------	----------------

_____	_____	_____	_____
_____	_____	_____	_____

WHAT IS YOUR PRESENT GEMORA AVERAGE? _____ SECULAR STUDIES AVERAGE? _____

NAME OF SCHOOL YOU WILL/DID GRADUATE FROM _____

ADDRESS _____

CITY/STATE/ZIP _____ GRADUATION DATE _____

PLEASE ATTACH A DIPLOMA OR LETTER FROM THIS SCHOOL CERTIFYING GRADUATION.

NAME OF CURRENT GEMORA REBBE AND HOW LONG YOU HAVE STUDIED WITH HIM

4. EXTRA CURRICULAR

PLEASE LIST PART AND FULL TIME EMPLOYMENT OF THE LAST THREE YEARS, **INCLUDING** SUMMERS.

EMPLOYER	DATES	EMPLOYER	DATES
----------	-------	----------	-------

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

WITH WHICH ORGANIZATIONS HAVE YOU BEEN AFFILIATED? _____

5. POST HIGH SCHOOL (if applicable)

SCHOOL/YESHIVA	DATES ATTENDED	SCHOOL/YESHIVA	DATES ATTENDED
----------------	----------------	----------------	----------------

_____	_____	_____	_____
_____	_____	_____	_____

HAVE YOU RECEIVED FINANCIAL AID FOR THESE STUDIES? _____

IF SO, FROM WHAT SOURCE? _____

6. EVALUATION

NUMBER OF SEDORIM IN LAST YESHIVA PROGRAM _____ LENGTH OF EACH _____

IYUM MESECHTA, BLATT COVERED AND REGULAR MEFORSHIM _____

BEKIYUS MESECHTA, BLATT COVERED AND REGULAR MEFORSHIM _____

EVALUATE YOUR PAST YEAR'S LEARNING INCLUDING HASMODO, LEINING ABILITY AND GENERAL PROGRESS _____

WHAT FACTORS ENCOURAGED YOU TO APPLY TO OUR YESHIVA? WHO RECOMMENDED IT TO YOU? _____

7. MEDICAL

DO YOU HAVE ANY MEDICAL CONDITIONS THAT MAY AFFECT YOU WHILE IN YESHIVA?

YOUR BLOOD TYPE _____

MEDICAL INSURANCE _____

INSURANCE ADDRESS _____

PROVIDING EMPLOYER/GROUP _____

EMPLOYER/GROUP ADDRESS _____

GROUP NUMBER _____ ID NUMBER _____

NAME OF PRIMARY INSURED _____

8. FINANCIAL

TOTAL ANNUAL AMOUNT PAID TO LAST YESHIVA _____

DOES THIS INCLUDE ROOM AND BOARD? _____

HOW WILL YOUR OBLIGATIONS TO THE YESHIVA BE MET? _____

HOW ARE YOU CURRENTLY SUPPORTED? _____

9. REFERENCES

CURRENT MENAHEL _____ YESHIVA PHONE _____

CURRENT REBBE _____ HOME PHONE _____

SYNAGOGUE RABBI _____ OFFICE PHONE _____

10. STATEMENT OF EDUCATIONAL PURPOSE

I HEREBY SEEK ADMISSION TO THE RABBINICAL SEMINARY OF AMERICA TO OBTAIN THE FOLLOWING DEGREE (please check only one):

_____ Undergraduate Degree in Talmudic Theory and Jurisprudence

_____ Undergraduate Degree in Rabbinic Literature and Judaic Studies

_____ Graduate Degree as Resident in Talmudic Studies

_____ Graduate Degree as Scholar in Talmudic Studies

_____ Graduate Degree as Fellow in Talmudic Studies

_____ Graduate Degree as Posek

I AM AWARE THAT A STUDENT IS REQUIRED TO FAMILIARIZE HIMSELF WITH AND ABIDE BY THE REGULATIONS OF THE YESHIVA AND THE YESHIVA RESERVES THE RIGHT TO REQUIRE THE WITHDRAWEL OF ANY STUDENT AT ANY TIME FOR ANY REASON IT DEEMS SUFFICIENT.

APPLICANT'S SIGNATURE _____ DATE _____

PARENT'S SIGNATURE _____ DATE _____

FOR OFFICE USE ONLY

ACCEPTED BY _____ SHIUR RECOMMENDED _____

DATE OF NOTIFICATION _____