

Yeshivat Ateret Yerushalayim

Application for Admission
Year _____

Name _____ Hebrew Name _____ Date of Birth ____/____/____

Home Address _____
Street City State Zip Country

Telephone _____ Fax _____ E-mail _____

Country of Birth _____ Citizenship _____ Passport No. _____

Soc. Sec. No. _____

Father's Name _____ English Hebrew Occupation _____
Work Telephone _____

Mother's Name _____ English Hebrew Occupation _____
Work Telephone _____

Names & Ages of Siblings _____

Synagogue _____ Rabbi's Name _____

EDUCATION

Elementary School _____ Years Attended _____

High School _____ Years Attended _____

Other _____ Years Attended _____

EXTRACURRICULAR ACTIVITIES _____

Summer Camp _____ Years Attended _____

EMPLOYMENT

Dates of Employment

Employer	Dates of Employment
_____	_____
_____	_____
_____	_____

RELATIVES/FRIENDS IN ISRAEL

Name	Address	Phone Number	Relation
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Name _____ Year for Application _____

RECOMMENDATIONS

(Three letters of recommendation are required from people who know you well. At least two should be from Rabbis. These letters should be sent directly to Yeshivat Ateret Yerushalayim.)

Name _____ Position _____ Phone Number _____

Name _____ Position _____ Phone Number _____

Name _____ Position _____ Phone Number _____

PERSONAL STATEMENT

Please describe what you hope to gain from studying in Yeshiva in Israel in the upcoming year.

Please include the following with your application:

- 1)\$50 application fee (non-refundable), check made out to YESHIVAT ATERET YERUSHALAYIM;
- 2)Two passport-size photos;
- 3)High school transcript.

Mail to:

YESHIVAT ATERET YERUSHALAYIM
P.O. BOX 23711
RAMOT, JERUSALEM 91236
ISRAEL