



MACHON YAAKOV APPLICATION

PLEASE PRINT AND FILL OUT CLEARLY IN PEN

Please attach a recent clear passport photo with your application.

STUDENT INFORMATION

1. Applicant's Name

Last

First

Hebrew

2. Permanent Address

3. Home Telephone _____ Email Address _____

Cell (USA) _____ Cell (Israel) _____

4. Age _____ Date of Birth: Month _____ Day _____ Year _____

5. Place of Birth _____ Nationality _____

6. Passport Number _____ Place of Issue _____

Passport Expiration Date _____

Do you have a current Israeli student visa? _____ If yes, date of expiration _____

EDUCATIONAL DATA

7. List chronologically all the schools you have attended. If applicable, list expected graduation date in last column.

School	Dates of Attendance	Major	Degree	Expected Date of Graduation
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College or Universities

Jewish Schools (if not included above)

PROFESSIONAL DATA

8. List chronologically the jobs that you have held.

Name of Company	Location	Dates	Position	Job Description
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FAMILY INFORMATION

9. Name of Father _____

Title _____

Name of Mother _____

Title _____

10. Parent's Marital Status _____

11. Parental Address and Phone Number (please list both addresses if parents are divorced)

12. Were your mother and maternal grandmother born Jewish? _____

13. Father's Occupation _____ Employer/Firm Name _____

Mother's Occupation _____ Employer/Firm Name _____

NOTE: These next few questions are extremely important for the application process. Failure to reveal information could lead to immediate disqual from Machon Yaakov.

14. Are there any special characteristics of your medical history? Have you ever been hospitalized? Please explain your answers in detail.

15. Are there any special characteristics to your psychological history? Have you ever been hospitalized? Please explain your answers in detail.

16. Have you ever taken, or are you currently taking, any psychiatric medication? Please explain your answers in detail.

EMERGENCY CONTACT

17. Please provide the yeshiva with two numbers of your parents or family in the event of an emergency.

a. First Name _____ Last Name _____

Relationship to You _____

Telephone Number (please include country code and area code) _____

Email Address _____

b. First Name _____ Last Name _____

Relationship to You _____

Telephone Number (please include country code and area code) _____

Email Address _____

REFERENCES

18. List two people who can serve as references for you.

a. Name _____ Relationship _____

Phone Number _____ Email _____

b. Name _____ Relationship _____

Phone Number _____ Email _____

19. Do you know any Machon Yaakov/Machon Shlomo alumni or Rabbis who can serve as references?

a. Name _____ Relationship _____

Phone Number _____ Email _____

b. Name _____ Relationship _____

Phone Number _____ Email _____

TECHNICAL INFORMATION TO ASSIST IN TALMUD CLASS PLACEMENT

20. Have you taken Hebrew classes in university, day school or ulpan? _____ How long? _____

21. How many words are in your Hebrew vocabulary? _____

22. How many pages of Gemara have you learned? _____

23. Have you experienced difficulties when learning foreign languages (ADD, dyslexia, etc.)? _____

TUITION

Annual tuition including room and board is \$12,500. Payments are as follows: \$500 non-refundable deposit upon acceptance, \$6,000 due September 1. Balance of \$6,000 due January 1. Other terms can be arranged.

Additional fees for wireless internet connectivity, American internet phone line, trips, etc. can be paid upon arrival.

25. Do you need financial assistance in meeting the tuition payment of \$12,500 for the academic year? Please explain.

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Signature of Applicant

Date

Signature of one your references that has **verified all of the application**

Date

Please return application by June 1st to:

Rabbi Jacobs, 52 Shaulzon, Har Nof, Jerusalem, Israel