

SECOND-YEAR PROGRAM

September - January*

*Dates subject to slight change

Ramot, Jerusalem

APPLICATION FOR ADMISSION 2024-2025

INSTRUCTIONS:

Please complete this application and return to goldie.amsel@gmail.com.

Fee is waived for alumni of our shana alef program.

PERSONAL

**The name and birth date of each parent plus the mother's maiden name and the student's passport number and citizenship must be filled out clearly. This information is needed to renew student visas.*

Name: First: _____ Last: _____

Address: _____

City: _____ State: _____ Zip: _____

Home #: _____ Cell: _____

Email: _____ *Date of Birth: _____

*Citizenship/s: _____ *Passport #: _____

FAMILY

I live with: Both parents Father Mother Other _____

Father's Title and Name: _____

Address: (if different than above) _____

City: _____ State: _____ Zip: _____

Occupation: _____ Cell: _____

*Date of Birth: _____ Email: _____

Mother's Title and Name: _____

Address: (if different than above) _____

City: _____ State: _____ Zip: _____

Occupation: _____ Cell: _____

*Date of Birth: _____ Maiden Name: _____

Email: _____

I am applying for the*:

- Shana Bet Program
- Transitional Program

*Please check both only if you are unsure which program you would like to participate in next year.

Please answer the following honestly and to the best of your knowledge.

1) List 3 hobbies or interests you have.

2) List three adjectives that describe you best.

3) Why do you think this program is best for your growth?

4) Why do you think *you* are an asset to this program?

5) How do you think your summer will impact the start of your shana bet?

6) What do you feel you gained over the past year? Please be specific.

Please check one box below:

- I would like assistance fundraising to fulfill tuition requirements.
- I do not need assistance fundraising to fulfill requirements.

Signature of Student **Date**

Signature of Parent(s) **Date**