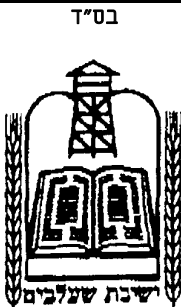


Application Form for Overseas Students



YESHIVAT

SHA'ALVIM

MOTY

HORNSTEIN

INSTITUTE

DN Shimshon 99784

ISRAEL

TEL: 972-8-927-6652

FAX: 972-8-927-6516

E-mail:
shaalvim@shaalvim.co.il

Web:
www.shaalvim.org

FRIENDS OF

YESHIVAT

SHA'ALVIM

1144 East 29th Street

Brooklyn, NY 11210

TEL: (718) 677-7200

FAX: (718) 677-3080

E-mail:
office@usshaalvim.org

Please submit the following with this application:

1. A letter of recommendation (on attached form)
2. Autobiographical sketch
3. Secondary school transcripts and SAT scores
4. \$100 application fee
5. Signed medical form

Attach here
a recent color
photograph

1) Family Name: _____ **First Name (given):** _____
Preferred Name: _____ Hebrew _____

2) Home Address: _____
City _____ State _____ Zip/Postal Code _____ Country _____
Telephone _____ Fax _____ E-Mail _____

3) School Attending: Name _____ Grade _____
Principal _____ Rebbe _____

4) Date of Birth: _____ Country of Birth _____ **5) Social Security: #** _____
mo./ day/ year

6) Citizenship: _____ Passport # _____ Israel ID# _____
(if Israeli citizen)

7) Parents' marital status: _____

8) Father's Name: (Eng.) _____ (Heb.) _____ Occupation _____
Home Address _____

Office/bus.name and address _____
Tel _____ Fax _____ Cell _____ E-Mail _____

9) Mother's Name: (Eng.) _____ (Heb.) _____ (Maiden) _____

Occupation _____

Home Address _____

Office/bus.name and address _____

Tel _____ Fax _____ Cell _____ E-Mail _____

10) Synagogue affiliation: _____ Rabbi's name _____

11) Other family members who attended Sha'alvim [give name(s), relationship(s) and year(s)]: _____

12) Siblings: name m/f age occupation school

13) List names, relationships, addresses and phone numbers of your closest relatives/friends in Israel: _____

14) List the summer camps/programs and years you have attended _____

15a) How well can you prepare Gemara? _____

b) How many years have you studied Gemara? _____

c) Grade 11 Averages: Judaic Studies _____ General Studies _____

SAT: Verbal _____ Math _____ Date taken _____

16) Hebrew speaking: Excellent _____ Good _____ Weak _____

17a) A medical form, signed by doctor, must accompany this application.

b) Are you presently receiving any ongoing medical or psychological treatments?

No _____ Yes _____ If yes, please describe medication(s) and treatment(s) _____

c) Have you ever sustained serious injury, suffered serious illness, undergone an operation or been hospitalized?

No _____ Yes _____ If yes, please give details _____

d) Have you ever had psychological treatment? No _____ Yes _____ If yes please give details:

18) List your hobbies, interests, and extra-curricular activities: _____

19) Please list the secondary and junior high schools you have attended other than present:

Name of School	Address	Years Attended
----------------	---------	----------------

_____	_____	_____
_____	_____	_____

20) A Letter of Recommendation: Please submit, with this application, a recommendation letter (on attached form) from person who is familiar with your educational abilities. Please give name, address, and telephone number: _____

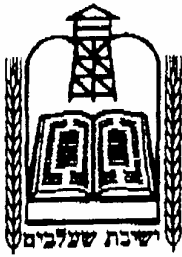
21) Autobiographical Sketch: Please submit an autobiographical essay of 250-300 words on a separate sheet. Describe your skills, experiences, challenges, achievements, and plans for the future. Discuss your motivation for wanting to learn in Israel and your expectations from your year(s) at Sha'alvim.

FOR OFFICE USE ONLY

Date application received _____ date reg. fee received _____

Date medical form received _____ date interview _____ by _____

ת"ד



**YESHIVAT
SHA'ALVIM**
MOTY
HORNSTEIN
INSTITUTE
DN Shimshon 99784
ISRAEL

TEL: 972-8-927-6652

FAX: 972-8-927-6516

E-mail:
shaalvim@shaalvim.co.il

Web:
www.shaalvim.org

**FRIENDS OF
YESHIVAT
SHA'ALVIM**

1144 East 29th Street
Brooklyn, NY 11210

TEL: (718) 677-7200

FAX: (718) 677-3080

E-mail:
office@usshaalvim.org

Medical Questionnaire

Last Name		First Name		Date of Birth
Home Address		City/State	Zip	Home Phone
Fax	Parents E-mail	Emergency Phones: Israel: () Home City: ()		

**PLEASE MAKE A COMPLETE EXAMINATION
BASED ON THE PROGRAM BELOW**

Weight	Height	Overweight	Underweight
--------	--------	------------	-------------

Item	Normal	Deviation From Normal	Item	Normal	Deviation From Normal
<i>Eyes</i>			<i>Ears</i>		
<i>Skin</i>			<i>Nervous System inc. psychological and psychiatric problems</i>		
<i>Hearing</i>			<i>Hernia</i>		
<i>Tonsils</i>			<i>Liver</i>		
<i>Heart</i>			<i>Glands</i>		
<i>Lungs</i>			<i>Blood Pressure</i>		
<i>Feet</i>			<i>Urine Analysis</i>		

<p>Has applicant been hospitalized or seen a specialist in the past five years: If so, for what?</p>

Has the applicant had any of the following? If YES, please give the date(s). If the applicant CURRENTLY has any of the following, please write YES and give the details in the space provided below, and/or on a separate page.

<i>Bronchitis</i>		<i>Asthma</i>		<i>Hay Fever</i>	
<i>Chicken Pox</i>		<i>Sleep Walking</i>		<i>Rheumatic Fever</i>	
<i>Chorea</i>		<i>Hepatitis</i>		<i>Food Allergy</i>	
<i>Epilepsy</i>		<i>Malignancy</i>		<i>Sinus infection</i>	
<i>H.I.V.</i>		<i>Nephritis</i>		<i>Tendency towards Colds</i>	
<i>Hernia</i>		<i>Pneumonia</i>		<i>Tendency towards Constipation</i>	
<i>Poison Ivy</i>		<i>Drug Allergy</i>		<i>Tendency towards indigestion</i>	

If you answered YES to any of the items in this section, please provide details:

IMPORTANT. Has the applicant had any psychological counseling or therapy from his primary care physician or any other health care professional? Please give details:

VACCINATIONS (give dates)

HEPATITIS A	1st shot	2nd shot	3rd shot
HEPATITIS B	1st shot	2nd shot	3rd shot

Is the applicant receiving any medication? If Yes please indicate type/name of medication with dosage and directions and reason for this need.

Any recommendations or precautions with respect to diet, swimming, diving, hiking, etc.?

I believe that the above named applicant is able to study in Israel, at Yeshivat Sha'alvim, and participate in all activities, which include swimming, hiking, and all athletic sports.

REMARKS:

I have not willfully nor knowingly withheld or misrepresented any pertinent medical information.

Date of Examination _____ Signature _____ M.D.

Telephone Number -for emergency use _____

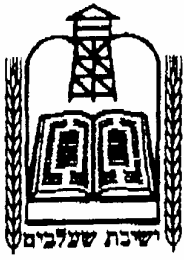
Address: Street _____

License Number _____

City _____

State _____

Zip Code _____



**YESHIVAT
SHA'ALVIM
MOTY
HORNSTEIN
INSTITUTE
DN Shimshon 99784
ISRAEL**

TEL: 972-8-927-6652

FAX: 972-8-927-6516

E-mail:
shaalvim@shaalvim.co.il

Web:
www.shaalvim.org

**FRIENDS OF
YESHIVAT
SHA'ALVIM**

1144 East 29th Street
Brooklyn, NY 11210

TEL: (718) 677-7200

FAX: (718) 677-3080

E-mail:
office@usshaalvim.org

Principal/Rebbe/Rav Recommendation Form

Dear Colleague:

The student whose name appears below applied for admission to Yeshivat Sha'alvim. Your candid appraisal of this applicant will aid us greatly in evaluating his eligibility. Your evaluation and comments will be held in the strictest confidence. Please enclose this form in the envelope provided, seal the envelope and sign across the envelope seal. Return the sealed envelope to the applicant so it can be included with his application. Thank you for your cooperation.

Name of candidate: _____ **For academic year:** _____

School: _____

Recommender (name and home phone): _____

Please rate as candidly as possible

Character Appraisal

Excellent (Top 10%) Good Average Below Average Cannot Appraise

	Excellent (Top 10%)	Good	Average	Below Average	Cannot Appraise
Integrity					
Leadership					
Maturity					
Personal Appearance					
Politeness					
Religious Behavior – Yirat Shamayim					
Midot					
Social Adjustment					
Self-Discipline					

Academic Appraisal

	Excellent (Top 10%)	Good	Average	Below Average	Cannot Appraise
Ability					
Motivation					
Perseverance – Hatmada					
Study Habits					
Reading Gemara					
Reading Tosafot					
Iyun and Sevara					
General Yahadut Knowledge					
Emunot Ve'dayot					

Additional Information

(Respond and explain where necessary)

1. Is the candidate respected by other students? _____

2. Is the candidate respected by the faculty? _____

3. What are the candidate's strengths? _____ Weaknesses? _____
as a student _____ as a student _____
as a person _____ as a person _____

4. Do you have confidence in the candidate's integrity? _____

5. Which best describes the candidate's emotional stability?

_____ Exceptional _____ Apathetic
_____ Well-balanced _____ Over-emotional
_____ Average _____ Easily moved to anger and depression

6. What is candidate's attitude toward Shmirat Hamitzvot? _____

7. What is candidate's attitude towards Limud Torah? _____

8. Do you feel that the candidate would be a positive or negative influence on others? _____

9. Please summarize your feelings as to the candidate's quality and promise as a student at Yeshivat Sha'alvim. Refer to his strong and weak points, character, relative maturity, values.

10. I have known the candidate in my capacity as: _____ How long? _____

11. I recommend this candidate in terms of both academic ability and character:

_____ enthusiastically _____ strongly _____ fairly strongly
_____ without enthusiasm _____ not recommended

Signed: _____ Date: _____