



NISHMAT - The Jerusalem Center for Advanced Study for Women
Berel Locker 26A, Pat, Jerusalem, 93282, Phone: +972-2-640-4333 Fax: +972-2-640-4353

Application for Alisa Flatow Overseas Student Year Program

Instructions:

- Please print or type clearly.
- Please email to admissions@nishmat.net two current photo's of yourself.
- Admissions and financial aid decisions are made on a rolling basis, so it is to your advantage to apply early.
- Upon completion of this form, please email to admissions@nishmat.net or mail it to Nishmat, Berel Locker 26A, Pat, Jerusalem, 93282, Israel or fax to +972-2-640-4353.
- If you wish to pay with a credit card, please email to admissions@nishmat.net or fax a completed credit card form along with your application to +972-2-640-4353.
- Please print a copy of this application for you files. Admission and financial aid decisions are made on a rolling basis, so it is your advantage to apply early.

If you have any questions about this application, or about Nishmat, please feel free to contact us at admissions@nishmat.net

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Charges for 2011-2012 at Nishmat

Application Fee	\$25
Tuition	\$8000.00*
Dormitory	\$4000.00*

* Discounts are available to alumni who have studied full-time for a full year in Nishmat, foreign residents who have an Israeli teudat zehut card, and Israeli citizens who reside in Israel. The schedule of payments of these fees will be explained upon acceptance to the program.

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1. Name:	First _____	Last: _____	Hebrew: _____
2. Application for: Full Time__ Half Time__ Part Time__ Other_____			
3. Period of study:			
	Month_____ Year_____	To Month_____ Year_____	
4. If applying to study half-time, please indicate when:			
<input type="checkbox"/> Sunday <input type="checkbox"/> Mornings <input type="checkbox"/> Afternoons <input type="checkbox"/> Monday <input type="checkbox"/> Mornings <input type="checkbox"/> Afternoons <input type="checkbox"/> Tuesday <input type="checkbox"/> Mornings <input type="checkbox"/> Afternoons <input type="checkbox"/> Wednesday <input type="checkbox"/> Mornings <input type="checkbox"/> Afternoons <input type="checkbox"/> Thursday <input type="checkbox"/> Mornings <input type="checkbox"/> Afternoons			
5. Are you applying for a space in the Nishmat dormitory (FULL TIME STUDENTS ONLY)?			
	No__ Yes__ If yes, have you ever lived away from home before? No__ Yes__ Enter years: Summer Camp__ College__ Abroad__ Independently__		
6. Birth:		Date (dd/mm/yy): _____	
7. Current Address and Phone Numbers:			
	Address: _____		
	Phone: _____	Cell: _____	Fax: _____
	Email: _____		
8. Permanent Address and Phone Numbers:			
	Address: _____		
	Phone: _____	Cell: _____	Fax: _____
9. Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed			
10. Family Information:			
Father:	Name: _____	Hebrew Name: _____	Occupation: _____
Is/Was your father Jewish? <input type="checkbox"/> Yes <input type="checkbox"/> No			
	Address: _____		Nationality: _____

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	Phone:	Fax:	Email:
Mother:	Name:	Hebrew Name:	Occupation:
Is/Was your mother Jewish? <input type="checkbox"/> Yes <input type="checkbox"/> No			
	Address:		Nationality:
	Phone:	Fax:	Email:
What was the religion of your family growing up?			
If it was not Judaism, are you Jewish today?			
If you converted to Judaism, please state who supervised and authorized the conversion:			
11. Citizenship (Please fill in ALL relevant information):			
	Nationality:	Passport Number;:	
	If Israeli citizen*, <i>Te'udat Zehut</i> number: <small>*Israeli citizens residing in Israel are eligible for reduced tuition charges.</small>		
	If U.S. citizen, Social Security number:		
12. Marital Status:			
	Single__ Married__ Divorced__ Widowed__		
	Husband's Name:	Occupation:	Number of children:
13. Medical Information (Confidential):			
	Any medical conditions?		
	Are you taking any medications? No__ Yes__ Specify:		
	Are you under a doctor's care? No__ Yes__ Specify:		
	Are you receiving mental health counseling? No__ Yes__ Specify:		
	Psychiatric care? No__ Yes__ Specify:		
14. Education:			
Secondary:	Name:	Year Graduated:	
	Address:		
College:	Name:	Year Graduated:	Major:
	Address:		

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Other:	Name:	Year Graduated:	Major:
	Address:		
15. Jewish Education, if different from answer 14.:			
School:	Name:	Year Graduated:	
	Address:		
School:	Name:	Year Graduated:	
	Address:		

16. How did you hear about Nishmat?			
	Brochure__ Alumnae__ Staff__ Web Site__ Other__ Please specify:		
17. What synagogue or minyan do you attend?			
	Name	Rabbi:	
	Address:		
18. Recommendations: Please list the names, addresses and telephone numbers of two Rabbis or Jewish studies teachers who know you well and whose comments will help us in evaluating your application. In addition, please ask these two people to send a letter of recommendation via email to admissions@nishmat.net or fax to +972-2-641-9752 (Attention: Tzippy)			
	1. Name:	Position:	Email:
	Address:	Phone:	Fax:
	2. Name:	Position:	Email:
	Address:	Phone:	Fax:

19. Essay Questions: On separate paper, please answer all three questions.

1. Summarize your personal Jewish history, including significant changes in your attitude or commitment toward Judaism, and your current practice of Halacha.
2. What do you hope to gain by studying at Nishmat?

Signature of applicant: _____ Date: _____

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Permission to Charge Credit Card

Deposit and Credit Card Form

Please note that applications will not be processed without first receiving the application fee. Payment may be made by credit card (by filling out the form below), You can print this completed form and fax to +972.2.640.4353 or email it to admissions@nishmat.net. You may send us a check to: Nishmat Berel Locker 26A, Jerusalem, 93282 Israel

Student's Name _____

Dates of attendance _____

Credit Card Information:

1. Type of Card _____

2. Card number _____

3 additional digits on the back of the card _____

3. Expiration date _____

4. Cardholder's name _____

5. Cardholder's address _____

6. Cardholder's phone number _____

7. Cardholder's passport number (including country) _____

I give permission to charge all Nishmat payments for the above-mentioned student (e.g. tuition, dormitory, telephone calling card, e-mail) to this credit card.

Cardholder's signature _____

Date _____

Please note that this information is kept in your file as a guarantee of all payments and charges at Nishmat. Your credit card will not be charged without first informing you.

Thank you for your cooperation.