



NISHMAT - The Jerusalem Center for Advanced Study for Women

Berel Locker 26A, Pat, Jerusalem, 93282, Phone: +972-2-640-433 Fax: +972-2-640-4353

Application for Alisa Flatow Overseas Student Programs

SUMMER PROGRAM

Instructions:

- Please print or type clearly. Attach two recent photos.
- A non-refundable application fee of \$50.00 should accompany the application. Please make checks payable to **Nishmat**.
- Admissions and financial aid decisions are made on a rolling basis, so it is to your advantage to apply early.
- Mail your completed form and application fee to Nishmat, Berel Locker 26A, Pat, Jerusalem, 93282, Israel or fax your application to +972-2-640-4353 with a photocopy of your check. Mail your check to the above address.
- If you wish to pay with a credit card, please complete and fax the attached credit card form along with your application to +972-2-640-4353.

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

Charges for Summer Program

Application fee	\$ 50.00
Tuition	\$ 750.00*
Dormitory	\$ 450.00*

* Discounts are available to alumni who have studied full-time for a full year in Nishmat, foreign residents who have an Israeli teudat zehut number, 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. Application for: Full Time__ Half Time__			
2. If part-time, which classes are you applying for?			
	1.	2.	3.
3. 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__		
4. Name:	First:	Last:	Hebrew:
5. Occupation:			
6. Current Address and Phone Numbers:			
	Address:		
	Phone:	Cell:	Fax:
	Email:		
7. Permanent Address and Phone Numbers:			
	Address:		
	Phone:	Cell:	Fax:
8. Birth:	Date (dd/mm/yy):	Place:	
9. Father's Full Name:			
10. Citizenship (Please fill in ALL relevant information):			
	Nationality:	Passport Number;:	
	If Israeli citizen*, <i>Te'udat Zehut</i> number: <small>*Israeli citizens are eligible for reduced tuition charges.</small>		
	If U.S. citizen, Social Security number:		
11. Marital Status:			
	Single__ Married__ Divorced__ Widowed__		
	Husband's Name:	Occupation:	Number of children:

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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:				
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. Hebrew Skills (Excellent, with little use of a dictionary; Good, with dictionary; Fair, with dictionary; Poor, Could do with difficulty; None Could not do at all.)					
	Excellent	Good	Fair	Poor	None
Read a text with vowels with comprehension					
Read the <i>siddur</i> with comprehension					
Read and understand a text in Biblical Hebrew					
Read and understand a simple text without vowels					
Read and understand a Hebrew language newspaper					
Understand a Hebrew conversation					
Participate in a Hebrew conversation					
Write an academic paper in Hebrew					

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17. Please indicate your skill level in the following:					
Hebrew Comprehension	Excellent	Good	Fair	Poor	None
Chumash					
Rashi on Chumash					
Ramban on Chumash					
Mishnah Brurah					
Mishnah					
Gemara					
18. What synagogue or minyan do you attend?					
	Name	Rabbi:			
	Address:				
19. How did you hear about Nishmat?					
	Brochure__ Alumnae__ Staff__ Web Site__ Other__ Please specify:				

Signature of Applicant _____ Date _____

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Permission to Charge Credit Card

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 _____

4. Expiration date _____

5. Cardholder's name _____

6. Cardholder's address _____

7. Cardholder's phone number _____

8. 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.