



נשמת • NISHMAT
מדרשה גבוהה ללימודי
תורה לנשים
ע"ש בניי שוטנשטיין (נערי)
THE JEANIE SCHOTTENSTEIN
CENTER FOR ADVANCED
TORAH STUDY FOR WOMEN

רח' ברל לוקר 26 א', שכונת פת, ירושלים 93282 • טל' 02-640-4333 • פקס 02-640-4353
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Application for Summer Program July 2019

Instructions:

- Please type or write clearly.
- Admissions and financial aid decisions are made on a rolling basis, so please apply early.
- Please email the **completed application form** and a **current photo** to office@nishmat.net.
- Please pay the application fee either online <https://www.nishmat.net/application/secure-2/> or by filling in the attached form.

If you have any questions regarding your application, please contact office@nishmat.net.

We look forward to receiving your application.

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Fees Summer Program July 2019

Application Fee *	\$50
Tuition	\$750
Dormitory (optional)	\$450

* Application fee will be deducted from the tuition cost.

Discounts are available for Israeli residents with a teudat zehut card. Please contact office@nishmat.net for details.

If you require additional financial assistance from Nishmat, please request a Financial Aid form. Nishmat offers limited, need-based Financial Aid (long-term payment packages, and/or tuition reductions) on a first-come, first-served basis.

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1. Name:	First	Last:	Hebrew:
2. Application for: Full Time__ Half Time__ Individual Course(s)_____			
3. Date of Birth (dd/mm/yy):			
4. Are you applying for a space in the Nishmat dormitory (FULL TIME STUDENTS ONLY)? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, have you ever lived away from home before? Yes <input type="checkbox"/> No <input type="checkbox"/> Enter years: Summer Camp__ College__ Abroad__ Independently__			
5. Current Address and Phone Numbers			
	Address:		
	Phone:	Cell:	
	Email:		
6. Permanent Address and Phone Numbers			
	Address:		
	Phone:	Cell:	
7. Citizenship (Please fill in ALL relevant information)			
	Nationality:	Passport Number:	
	Te'udat Zehut Number: Discounts are available for Israeli residents with a teudat zehut card	Date of Aliyah:	
	If U.S. Citizen, Social Security number:		
8. Family Information			
Marital Status: Single _____ Married _____ Divorced _____ Widowed _____			
(If relevant)	Spouse's Name:		Number of Children:
Father:	Name:	Hebrew Name:	Occupation:
	Address:		Nationality:
	Phone:	Email:	
Mother:	Name:	Hebrew Name:	Occupation:
	Address:		Nationality:

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	Phone:	Email:
9. Jewish Background		
What was the religion of your family growing up?		
Is/Was your father Jewish? <input type="checkbox"/> Yes <input type="checkbox"/> No		Is/Was your mother Jewish? <input type="checkbox"/> Yes <input type="checkbox"/> No
If you were not raised Jewish, are you Jewish today?		
If you converted		
Name of Rabbi who supervised and authorized your conversion:		
Name of Beit Din:		
City:		Date:
10. Medical Information (Confidential)		
Do you have any medical conditions that affect your study at Nishmat? No__ Yes__		
Is yes, please specify:		
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:		
11. Present Occupation		
Occupation:		
Place of work:		
Position:		
12. Education		
Secondary	Name:	Year Graduated:
City		
College	Name:	Year Graduated:
Major		City:
Other	Name:	Year Graduated:
Major		City:

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12. Jewish Education, if different from answer 12		
School	Name:	Year Graduated:
	Address:	
School	Name:	Year Graduated:
	Address:	
13. What synagogue or minyan do you attend?		
Name:		Rabbi:
City:		
14. Please provide us with a name and contact information of someone who can provide a personal reference for you:		
Name:		Email:
Cell Phone:		Landline:
15. How did you hear about Nishmat?		
Brochure__ Alumnae__ Staff__ Web Site__ Other__ Please specify:		
Essay Questions , please answer on a separate sheet and attach.		
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?		

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Learning Level (please select)								
Hebrew Reading Ability	<input type="checkbox"/>	I cannot read Hebrew	<input type="checkbox"/>	I can read Hebrew with vowels	<input type="checkbox"/>	I can read Hebrew without vowels	<input type="checkbox"/>	I read Hebrew fluently
Hebrew Comprehension	<input type="checkbox"/>	I cannot follow a class in Hebrew	<input type="checkbox"/>	I have limited understanding	<input type="checkbox"/>	I can follow a class in Hebrew	<input type="checkbox"/>	I understand Hebrew fluently
Reading/Understanding the text of Tanach	<input type="checkbox"/>	No prior experience	<input type="checkbox"/>	Limited prior experience (need the help of a tutor)	<input type="checkbox"/>	Capable of independent study	<input type="checkbox"/>	Advanced
Reading/understanding Rashi on Tanach	<input type="checkbox"/>	No prior experience	<input type="checkbox"/>	Limited prior experience (need the help of a tutor)	<input type="checkbox"/>	Capable of independent study	<input type="checkbox"/>	Advanced
Reading/understanding Gemara	<input type="checkbox"/>	No prior experience	<input type="checkbox"/>	Limited prior experience (need the help of a tutor)	<input type="checkbox"/>	Capable of independent study	<input type="checkbox"/>	Advanced
Reading/understanding Rashi on Gemara	<input type="checkbox"/>	No prior experience	<input type="checkbox"/>	Limited prior experience (need the help of a tutor)	<input type="checkbox"/>	Capable of independent study	<input type="checkbox"/>	Advanced
Reading/understanding other mefarshim on Gemara	<input type="checkbox"/>	No prior experience	<input type="checkbox"/>	Limited prior experience (need the help of a tutor)	<input type="checkbox"/>	Capable of independent study	<input type="checkbox"/>	Advanced
Reading/understanding Rambam	<input type="checkbox"/>	No prior experience	<input type="checkbox"/>	Limited prior experience (need the help of a tutor)	<input type="checkbox"/>	Capable of independent study	<input type="checkbox"/>	Advanced
Reading/understanding Mishna Brura	<input type="checkbox"/>	No prior experience	<input type="checkbox"/>	Limited prior experience (need the help of a tutor)	<input type="checkbox"/>	Capable of independent study	<input type="checkbox"/>	Advanced

Please sign that the information above is correct.

Signature of Applicant: _____ Date: _____

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PERMISSION TO CHARGE CREDIT CARD

PLEASE E-MAIL THIS FORM TO office@nishmat.net

Student's Name _____

Dates of attendance _____

Please charge _____ to this credit card as my deposit towards my bill for the Nishmat Summer Program July 2019.

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. A 3% SURCHARGE IS ADDED TO THE AMOUNT YOU ARE PAYING TO COVER SIMILAR FEES THAT WE INCUR.

THANK YOU FOR YOUR COOPERATION.