



נשמת • NISHMAT
 מדרשה גבוהה ללימודי
 תורה לנשים
 ע"ש ג'יני שוטנשטיין (ע"ר)

THE JEANIE SCHOTTENSTEIN
 CENTER FOR ADVANCED
 TORAH STUDY FOR WOMEN

רח' ברל לוקר 26 א, שכונת פת, ירושלים 93282 • טל': 640-4333 (02) • פקס: 640-4353 (02)
 26A Berel Locker St., Pat Neighborhood, Jerusalem 93282 • Tel: (02) 640-4333 • Fax: (02) 640-4353

Application for Professional Development Course for Rebbetzins & Kallah Teachers 2014

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 info@nishmat.net.
- Please pay the application fee either online <https://www.nishmat.net/application/secure.asp?> or by filling in the attached form.

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

We look forward to receiving your application.

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Fees 2014

Application Fee *	\$50
Tuition	\$450
Dormitory (optional)	\$150

* Application fee will be deducted from the tuition cost.

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

If you require 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__ Part Time (please specify) _____			
3. Date of Birth (dd/mm/yy): _____			
4. Are you applying for a space in the dormitory (FULL TIME STUDENTS ONLY)? Yes <input type="checkbox"/> No <input type="checkbox"/>			
5. Address and Phone Numbers			
	Address: _____		
	Phone: _____	Cell: _____	
	Email: _____		
6. Citizenship (Please fill in ALL relevant information)			
	Nationality: _____	Passport Number: _____	
	Te'udat Zehut Number: _____ Subsidies are available for Israeli residents with a teudat zehut card	Date of Aliyah: _____	
	If U.S. Citizen, Social Security number: _____		
7. Family Information			
Marital Status: Single _____ Married _____ Divorced _____ Widowed _____			
(If relevant)	Spouse's Name: _____	Number of Children: _____	
8. 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: _____	
9. Will you be joining the optional summer program classes? (3-6pm) Yes <input type="checkbox"/> No <input type="checkbox"/>			
9a. Are you interested in joining the summer program after the course? (July 11 – 24) Yes <input type="checkbox"/> No <input type="checkbox"/> Dates: _____			

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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:

12a. Jewish Education, if different from previous		
School	Name:	Year Graduated:
	Address:	
School	Name:	Year Graduated:
	Address:	

12b. Do you have formal training as a kallah teacher?		
Course/Instructor	Name:	Year:

13. What synagogue or minyan do you attend?	
Name:	Rabbi:
City:	

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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 this course?	
Brochure__ Alumnae__ Staff__ Web Site__ Other__ Please specify:	
Essay Questions , please answer on a separate sheet and attach.	
1. Summarize your personal Jewish history, how you came to be a community leader/teacher, and your role in the community.	
2. What do you hope to gain by studying at Nishmat?	

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: _____

NISHMAT PROFESSIONAL DEVELOPMENT COURSE 2014

PERMISSION TO CHARGE CREDIT CARD

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

Student's Name _____

Dates of attendance _____

Please charge _____ to this credit card as my deposit towards my bill for the Nishmat Professional Development Course 2014.

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.