NISHMAT•נשמת
מדרשה גבוהה ללימודי
תורה לנשים
ע"ש ג'יני שוטנשטין (ע"ר)
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
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 2016

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 2016

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.

Nishmat Professional Development Course 2016

1. Name:	First	Last:	Hebrew:
2. Date of Birth (dd/mm/yy)**:**			
3. Are you applying for a space in the dormitory (FULL TIME STUDENTS ONLY)? Yes ☐ No ☐			
4. Address and Phone Numbers			
	Address:		
	Phone:	Cell:	
	Email:		
5. 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:		
6. Family Information			
Marital Status: Single _____ Married _____ Divorced_____ Widowed_____			
(If relevant)	Spouse's Name:	Number of Children:	
7. Jewish Background			
What was the religion of your family growing up?			
Is/Was your father Jewish? ☐ Yes ☐ No		Is/Was your mother Jewish? ☐ Yes ☐ 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:	
8. Are you interested in joining Nishmat's regular summer classes before and/or after the course? *http://nishmat.net/summer-institute (Week 1 July 5 – 9) (Week 3 July 19-23)* ☐ Yes ☐ No **If yes, dates:**_____			

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9. 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:

10. Present Occupation	
	Occupation:
	Place of work: Position:

11. Education		
Secondary	Name:	Year Graduated:
	City	
College	Name:	Year Graduated:
	Major	City:
Other	Name:	Year Graduated:
	Major	City:

11a. Jewish Education, if different from previous		
School	Name:	Year Graduated:
	Address:	
School	Name:	Year Graduated:
	Address:	

11b. Do you have formal training as a kallah teacher?		
Course/Instructor	Name:	Year:

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

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13. Please provide us with a name and contact information of someone who can provide a personal reference for you:	
Name:	Email:
Cell Phone:	Landline:

14. 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	❑ I cannot read Hebrew	❑ I can read Hebrew with vowels	❑ I can read Hebrew without vowels	❑ I read Hebrew fluently
Hebrew Comprehension	❑ I cannot follow a class in Hebrew	❑ I have limited understanding	❑ I can follow a class in Hebrew	❑ I understand Hebrew fluently
Reading/Understanding the text of Tanach	❑ No prior experience	❑ Limited prior experience (need the help of a tutor)	❑ Capable of independent study	❑ Advanced
Reading/understanding Rashi on Tanach	❑ No prior experience	❑ Limited prior experience (need the help of a tutor)	❑ Capable of independent study	❑ Advanced
Reading/understanding Gemara	❑ No prior experience	❑ Limited prior experience (need the help of a tutor)	❑ Capable of independent study	❑ Advanced
Reading/understanding Rashi on Gemara	❑ No prior experience	❑ Limited prior experience (need the help of a tutor)	❑ Capable of independent study	❑ Advanced
Reading/understanding other mefarshim on Gemara	❑ No prior experience	❑ Limited prior experience (need the help of a tutor)	❑ Capable of independent study	❑ Advanced
Reading/understanding Rambam	❑ No prior experience	❑ Limited prior experience (need the help of a tutor)	❑ Capable of independent study	❑ Advanced
Reading/understanding Shulchan Aruch	❑ No prior experience	❑ Limited prior experience (need the help of a tutor)	❑ Capable of independent study	❑ Advanced

Please sign that the information above is correct.

Signature of Applicant: _____Date:_____

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NISHMAT PROFESSIONAL DEVELOPMENT COURSE 2016

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 2016.

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.

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