



Application Form

Strictly Confidential

The information given below will only be used by the She'arim offices

She'arim
COLLEGE OF JEWISH STUDIES FOR WOMEN

This application form may be emailed or faxed, however it will not be processed without receiving \$25 application fee, and two letters of recommendation. You may send us a check to She'arim at PO Box 34629, Jerusalem, Israel, or by sending your credit card information by fax or email, or pay through the Pay Pal secure website option on the She'arim website: http://www.shearim.com/admissions/she_arim_apply/6.html

A button is at the bottom of the page to direct you to the secure Paypal website.

Please allow at least one to two weeks for the application to be processed.

She'arim College of Jewish Studies for Women
23/2 Agassi, Har Nof, Jerusalem, Israel
Mailing Address: P.O. Box 34629, Jerusalem, Israel
Phone: 972-2-651-4240
Fax: 972-2-651-8370
email – shearim@shearim.com

I wish to attend classes from:
_____, 200__ until _____, 200__

Full time Part time

Are you interested in attending Sefardic Heritage program

Do you wish to live in our dorms and reserve a place? \ No \ Yes

PERSONAL INFORMATION

Name of Applicant:

Last _____

First _____

Hebrew _____

Current Address:

Street _____

City _____

State/Province _____

Postal Code _____

Country _____

Tel.: (_____) _____

Cell: (_____) _____

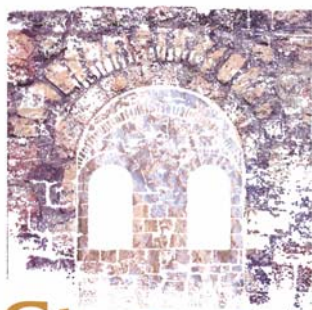
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Rebbetzin Holly Pavlov, *Director*

Miriam Shaul, *Administrative Director* ♦ Esther Resnick, *Registrar*

Rebbetzin Malka Kaganoff, *Educational Coordinator*

Agassi 23/2, Har Nof, Jerusalem, Israel Mailing Address: P.O. Box 34629, Jerusalem, Israel 91346
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e-mail _____

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Citizenship(s) _____

Passport Number _____

Expiration date _____ **(Passports should be valid for at least one year)**

Israeli ID # _____

Permanent Address (if different from above):

Street _____

City _____

State/Province _____

Postal Code _____

Country _____

Tel.: (_____) _____

Fax: (_____) _____

Age: _____

Date of Birth: ____ / ____ / ____ **(Day/Month/Year)**

Place of Birth: _____

Father's Name: _____ (first, last)

Date of Birth _____

Country of Birth _____

Occupation: _____

Mother's Name: _____ (first, last, maiden)

Date of Birth _____

Country of Birth: _____

Occupation: _____

If parents have different addresses please fill mother's address first.

Parents' Home Address: Street _____ City _____

State/Province _____ Postal Code _____ Country _____

Parents' Home Tel.: (_____) _____

Parents' Marital Status: _____

Father's Home Address: Street _____ City _____

State/Province _____ Postal Code _____ Country _____

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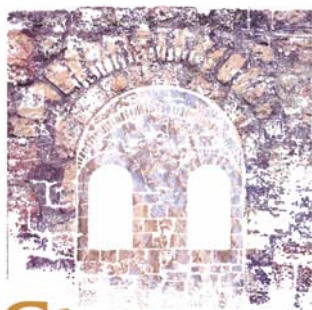
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Father's' Home Tel: (_____) _____

Were you born Jewish? \Yes\No\
 Mother born Jewish? \Yes\No\
 Father born Jewish? \Yes\No\

Were your Maternal grandparents born Jewish? \Yes\No\
 If no, please explain _____

If you or your mother converted to Judaism, please indicate Rabbi/Beit Din, location and date of conversion:

Marital Status: Single Married Divorced Widowed

If married please fill out the below;

Husband's Name: _____
 Place of work/study: _____
 Position: _____
 Citizenship(s): _____
 Passport number: _____
 Expires: _____
 Israel ID # _____
 Cell: _____

Synagogue: _____
 Rabbi's Name: _____
 Rabbi's email _____

Synagogue Address: _____
 Tel.: (_____) _____

Do you keep kosher at home? \ No \ Yes
 Do you keep kosher outside the home? \ No \ Yes

Do you describe yourself as:
 1 Orthodox
 2 Conservative/Reform
 3 Reconstructionist/nonaffiliated
 4 Other

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Medical Information

Do you have any medical issues? \ No \ Yes, they are:

Have you ever had surgery? If yes, please explain _____

Are your activities limited in any way due to medical reasons? \ No \ Yes

(if yes, please explain below)

Do you have any special dietary needs? _____

Do you suffer from allergies? _____

Are you currently taking any prescription medications? \ No \ Yes;

If so, please specify _____

Have you ever consulted or been treated by a psychologist, psychiatrist, social worker or counselor? If yes, please explain and include any medications that were prescribed. _____

EDUCATION

College/University:

Name: Location: Years Attended: Major: Degree:

Torah Education:

How well do you know Hebrew? (Circle or bold the appropriate word)

Reading Ability: \ Beginner \ Fair \ Good \ Excellent

Translating Ability: \ Beginner \ Fair \ Good \ Excellent

Rashi script Reading \ Beginner \ Fair \ Good \ Excellent

Knowledge of Halacha \ Beginner \ Fair \ Good \ Excellent

Knowledge of Prayer (in Hebrew) \ Beginner \ Fair \ Good \ Excellent

In order to best accommodate our students, please elaborate on any special learning difficulties you may have. _____

Vocational Goals: (Describe briefly your career / professional goals)

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Extra-Curricular Activities: (Describe briefly activities and organizations you have been actively involved in.)

Describe what you have done since leaving school if this is applicable.

EMPLOYMENT

Employer: Dates of Employment: Position held:

ISRAEL EXPERIENCE

Names of programs in which I have participated: Dates attended:

RECOMMENDATIONS

Two (2) letters of recommendation are required. They should be from people who know you well and send to inquiry@shearim.com. At least one should be from a Rabbi or Torah educator who has known you for at least one year. Please list below the details regarding those who are writing recommendations for you:

1) Name: _____
 Position: _____
 e-mail: _____
 Address: _____
 Tel.: (_____) _____

2) Name: _____
 Position: _____
 e-mail: _____
 Address: _____
 Tel.: (_____) _____

Is there someone in Israel who can serve as a reference for you? \ No \ Yes \
 If yes, please fill in the following:

Name: _____
 Relationship to you: _____
 Address: _____
 Tel.: (_____) _____
 Cell: _____
 e-mail: _____

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IN CASE OF EMERGENCY, PLEASE CONTACT:

In Israel: Name: _____ Address: _____
 Tel.: _____ Cell: _____
 Relationship: _____

In Native Country:

Name: _____
 Address: _____
 Tel.: _____
 Relationship: _____

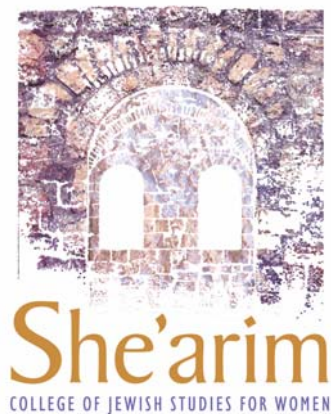
Who referred you to She'arim? List two people that we may contact:

Name: _____
 Phone Number: _____
 Email: _____
 Relationship to you: _____

Name: _____
 Phone Number: _____
 Email: _____
 Relationship to you: _____

PERSONAL STATEMENT

Please write an essay describing your personal attitudes and relationships to family members, your background in Judaism, your present commitment to Judaism, and your goals in attending She'arim. Please describe the extent of your present textual skills and knowledge in Jewish studies.



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I agree to abide by all the rules, regulations and financial arrangements set by She'arim. I authorize She'arim to contact any individuals or organizations listed in this application. I understand that She'arim is not responsible for loss or damage of applicant's personal property. I grant She'arim permission to disperse or dispose of any personal property left by me upon my departure from the program.

Signature: _____ Date: _____