

שם התלמידה _____

Application for Admission בית יעקב הבינני

School Name: _____

בית יעקב הבינני



AN EXPERIENCE WHERE ספרים BECOME HANDBOOKS
FOR YEARS TO COME...
ETCHED INTO ONE'S PERSONALITY.

APPLICATION FOR ADMISSION

תשפ"ד

Endorsed by Rabbanim shlita:
Rav Elya Brudny, Rav Simcha Bunim Cohen,
Rav Gershon Bess

הנהלה:
Rebbetzin Hindy Ullman
Rebbetzin Rochel Friedman

BY Havineini

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שם התלמידה _____

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School Name: _____

FOR OFFICE USE:

Appl. Fee Rcvd: _____ Entered: _____ Trans. Rcvd: _____ 1st Request: _____ School. Request: _____

Interviewed _____ Date: _____ Time: _____ Accepted (A) / Not Accepted (N) / Pending (P) _____

Photograph

NOTE: PLEASE FILL OUT THIS APPLICATION IN BLACK INK ONLY

Applicant Information:

1. Name: _____
שם משפחה בעברית שם פרטי בעברית Last Name Nickname

Full Legal Name: _____ Last 4 digits of SSN: _____

2. Address: _____ Home Phone: (_____) _____ - _____
No. & Street City State ZIP Country

3. If applicable, State email contacts **clearly**: _____ Parent (mandatory) Parent Student

Please mark Y / N if we can rely on the above email for contact: Yes / No

If you marked No, please inform of possible alternative: fax machine etc.

4. יום הולדת בעברית : ____ / ____ / ____ Date of Birth: _____

5. Title: Rabbi / Mr. / Dr. / Other: _____ Father's Name: _____

כולל or occupation: _____ Cell phone: ____ - ____ - ____

Mother's Name: _____ Maiden Name: _____ Cell phone: ____ - ____ - ____

High School and Seminary Attended: _____

Occupation: _____ Parents' Marital Status: _____

6. Shul Affiliation: _____ Name of Rav: _____

7. Are either of your parents Israeli born, holding a זרות? _____ Are you? _____

8. List Other Children in Family:

Name	Age	Schools Attending/Attended/Occupation

9. Grandparents – Paternal: _____
Name Address Telephone

10. Grandparents – Maternal: _____
Name Address Telephone

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11. Please list relatives and acquaintances in ארץ ישראל. Include name, address and relation to you:

12. Have you ever been to ארץ ישראל in the past? _____

Education:

13. School Presently Attending: _____

Address: _____
No. & Street City State ZIP Country Telephone

14. Graduation Class Home Room Teacher / Senior Advisor: _____ Phone #: _____ - _____ - _____

15. School History (including Elementary):

	Name of School/s	Years Attended
Elementary:		
High:		

16. Other courses of education: Include SAT scores. LIST ALL: _____

17. List your favorite subjects in לימודי קודש: _____

18. List your favorite subjects in לימודי חול: _____

Seminary-related:

19. Why are you choosing to go to seminary in ארץ ישראל versus חוץ לארץ? _____

20. Why would you opt for בית יעקב הבינני ? _____

21. How do you envision an ideal seminary year? / What do you think is vital for a seminary student to acquire in her year of seminary?

Are you interested in pursuing a career in teaching קודש? ___ What level do you aspire to teach? _____

22. What other field do you consider for the future? _____

Why? _____

23. How would you rate your textual התורה and מפרשי הקודש skills on a scale from 1 – 10?

מפרשי התורה	
לשון הקודש	

24. Do you speak עברית? _____ Other spoken languages: _____

25. Have you ever learned a ספר on your own [even partially], or have you read a Judaic book that you would categorize as a ספר?

List which: _____

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26. How did you hear about בית יעקב, הביניי ?

Extracurricular:

27. Camp History:

Camps Attended Since H.S. Age	In What Capacity?	Dates Attended (years)

28. Please list your special talents or hobbies: _____

29. What jobs or responsibilities were you affiliated with during high school? Specify which projects and your involvement therein and how you expressed your talents to others: _____

References:

30. Reference Chart: Four required references additional ones are optional.

	Name	Contact Number	Capacity in which acquainted
School Reference 1			
School Reference 2			
Summer Job Reference			
Camp Reference			
Other Reference 1			
Other Reference 2			

Personal

31. Please specify any Important Medical Information or existing allergies: _____

32. Are you undergoing medical treatment for any condition? Yes/No.

If yes, describe:

What medicine or drugs do you require? _____

Prescribing Physician: Name: _____ Phone #: _____ - _____ - _____

33. Are you undergoing psychological treatment or professional counseling of any type, or have you done so within the past three years?

Yes/No If yes, describe: _____

35. Please write a brief personal biography describing your background, interests, and ambitions. Include your reasons for wanting to learn in a seminary, and the goals you seek therein. Your biography should be handwritten, on lined paper, and preferably no longer than two sides.

I hereby submit my application to BY Havineini, and certify that all the statements herein are complete and accurate to the best of my knowledge. I understand and agree that the initial deposit and tuition payments are non-refundable under any circumstances.

Signature of Applicant_____
Signature of Parent / Guardian_____
Date