



TOMER DEVORAH SEMINARY APPLICATION FORM

Attach two original, current passport-size photos

Family Name _____ First _____ Middle _____ Hebrew (First and Family) _____

Address _____ City _____ State/Province _____ Zip/Postal Code _____ Country _____

Mailing Address if different than above: _____

Telephone: Personal _____

E-mail address: Personal _____

Parents _____

Parents _____

Fax: _____

Social Security Number: _____

Current School _____

Passport Number: _____

Date of Birth: month/day/year _____

Country Issuing Passport: _____

Place of Birth: _____

Synagogue: _____

Citizenship: _____

Rabbi: _____

Name Phone Number

Father's Information

Mother's Information

Last Name _____ First _____

Last Name _____ First _____ Maiden _____

Occupation _____ Citizenship _____

Occupation _____ Citizenship _____

Business Phone _____ Business Fax _____ Cell Phone _____

Business Phone _____ Business Fax _____ Cell Phone _____

Address if different from the applicant: _____

Address if different from the applicant: _____

Educational Background: (religious and secular) _____

Educational Background: (religious and secular) _____

If you live with a guardian, please write his/her name and relationship to you: _____

Sibling Information

Name	Age	School/Occupation	Yeshiva attended in Israel (if applicable)

Prior Education	Name of School	Location	Attended (from-to)
Elementary Schools			
Secondary Schools			
Colleges, Universities			
Jewish Schools (if not included above)			



TOMER DEVORAH SEMINARY
Institute of Advanced Studies For Women

TOMER DEVORAH SEMINARY APPLICATION FORM

Applicant's Name _____

HOW WOULD YOU RATE YOURSELF IN THE FOLLOWING CATEGORIES?

Attribute	Always	Often	Sometimes	Rarely	Never
Takes initiative					
Leader of peers					
Shows flexibility					
Participates well in class					
Participates well in informal activities					
Willing to help others					
Considerate of others					
Relates properly to teachers					
Exhibits a warm, caring personality					
Copes well with setbacks					
Accepts personal responsibility					
Is honest and straightforward					
Is modest in appearance and manner					
Contributes to Torah atmosphere					

HOW WOULD YOU RATE YOURSELF IN THE FOLLOWING CATEGORIES?

	Below Average	Average	Good	Very Good	Excellent Top 15%
Academic Ability					
Critical and questioning attitude					
Pursuit of independent study					
Academic Motivation					
Disciplined work habits					
Self Confidence					
Interest in religious growth					

On the back of the third page of your application, please write a brief statement describing what your expectations are for your year in Israel. Please include what you hope to gain and what challenges you think you might face.

High School Average: _____ SAT Scores: Math _____ Verbal _____

Applicant's Name _____

HEBREW SKILLS: *Please rate yourself (1=none, 5=fluent)*

Read with vowels

1 2 3 4 5

Read w/o vowels

1 2 3 4 5

Understand

1 2 3 4 5

Speak

1 2 3 4 5

Write

1 2 3 4 5

Have you had experience learning and translating Chumash with mefarshim? (Give details) _____

Nach with mefarshim? (Give details) _____

Halacha? (Give details) _____

Torah She'baal Peh? (Give details) _____

Extracurricular activities - Describe your extracurricular activities in and out of school: _____

What did you do the last three summers? _____

Previous visits to Israel: Indicate date(s) and program(s) _____

Work Experience: _____

List the other Israel programs to which you are applying: _____

List the colleges to which you are applying: _____

Please list the people who will be writing letters of recommendation for you:

Name: _____ Position: _____ Phone: _____

Name: _____ Position: _____ Phone: _____

Family or close friends in Israel (if any):

Name Address Telephone Relationship

Name Address Telephone Relationship

Signature: _____ Parent's Signature: _____

Date: _____

Date: _____

Please remember to include the application fee and two photographs. Please insure that your transcript, SAT/GSCE scores, and two letters of recommendation arrive before the deadline.



RECOMMENDATION FORM

Candidate's Name _____

Recommender's Name _____

TO THE CANDIDATE: Please print your name in the space provided above and submit copies of this form to your principal and one teacher, or to two teachers who have known you for the past two years.

To Whom It May Concern:

We would appreciate your filling out both sides of this recommendation form on the basis of your relationship with her. The completed form may be returned directly to the above seminary. Please see the addresses attached to this form.

The contents of this form will be kept entirely confidential.

Candidate's emotional maturity:

Candidate's academic ability:

Candidate's leadership qualities, ability to function independently, general health and general comments you consider helpful:

Candidate's level of motivation

Candidate's religious motivation

Are you aware of any medical issues that the student suffers from? If yes, please explain.

(Please continue on the next side)

PLEASE CHECK THE MOST APPROPRIATE ANSWER

Attribute	Always	Often	Sometimes	Rarely	Never	No data
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Leader of peers						
Shows flexibility						
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Participates well in informal activities						
Willing to help others						
Considerate of others						
Relates properly to teachers						
Exhibits a warm, caring personality						
Copes well with setbacks						
Accepts personal responsibility						
Is honest and straightforward						
Is modest in appearance and manner						
Contributes to Torah atmosphere						

PLEASE CHECK THE MOST APPROPRIATE ANSWER

	Below Average	Average	Good	Very Good	Excellent Top 15%	No data
Academic Ability						
Critical and questioning attitude						
Pursuit of independent study						
Academic Motivation						
Disciplined work habits						
Self Confidence						
Interest in religious growth						

If you have any additional comments or observations that you feel will help us better understand this applicant, please attach a letter.

Signature _____ Name (please print) _____

Date _____ School and Position _____

Phone Number _____

Thank you for your cooperation and assistance



RECOMMENDATION FORM

Candidate's Name _____

Recommender's Name _____

TO THE CANDIDATE: Please print your name in the space provided above and submit copies of this form to your principal and one teacher, or to two teachers who have known you for the past two years.

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Signature _____ Name (please print) _____

Date _____ School and Position _____

Phone Number _____

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MEDICAL FORM

(This information will be kept strictly confidential.)

Name of Student: _____

Father's Name: _____ Mother's name: _____

Parents are married divorced separated widowed

Address: _____

Phone no.: _____ Date of Birth: _____

Passport no.: _____ Place of Birth: _____

PERSON IN ISRAEL TO NOTIFY IN CASE OF EMERGENCY:

Name: _____ Relationship to Student: _____

Address: _____ Phone: _____

1. Are you a vegetarian, vegan or do you have any special dietary requirements? _____

2. Height: _____ Weight: _____

3. Have you or any member of your family suffered from: tuberculosis, epilepsy, emotional disturbances, heart diseases, asthma, diabetes, digestive tract diseases, other diseases.

Please check appropriate answer below. If yes, give details. Use separate sheet, if necessary. () NO () YES Details: _____

4. Please list any hospitalizations and diagnosis: () NO () YES Details and dates:

5. Have you ever received psychological counseling: () NO () YES Details:

6. Are you allergic to any medications: () NO () YES

If yes, indicate which medications: _____

7. List any other allergies: _____

8. Have you ever suffered from an eating disorder? () NO () YES Details:

MEDICAL EXAMINATION TO BE COMPLETED BY PHYSICIAN

Student: _____

1. Vision:	_____	Hearing:	_____
2. General Examination	Normal	Deviation from Normal	
Height	_____		_____
Weight	_____		_____
Heart	_____		_____
Lungs, Chest	_____		_____
Blood Pressure	_____		_____
Hemoglobin	_____		_____
Abdomen, Digestive Tract	_____		_____
Mouth, Throat	_____		_____
Skin	_____		_____
Spine	_____		_____
Feet	_____		_____
Nervous System	_____		_____
Allergies	_____		_____
Menstrual History	_____		_____

Other remarks: _____

3. a) Is student presently receiving any medications? Is so, please attach statement of such medications with dosage and directions.
b) List any medication that the student has taken regularly at any point over the last three years.

4. Does the student have any history of an eating or dietary disorder, or currently manifest any signs of either? () NO () YES

Details: _____

5. Does the student have any physical limitations: () NO () YES

Details: _____

6. Date of last tetanus immunization: _____

7. Does the student have any history of psychological or psychiatric treatment or therapy? () NO () YES
If yes, please specify: _____

8. For how many years have you been the personal physician for this student? _____

I have examined the above named student and DO consider her physically and emotionally able to participate in your program in Israel.

Name of Physician (please print): _____

Address: _____ Phone: _____

Date: _____ Signature: _____

To the best of my knowledge, all the above information is both accurate and complete.

Student Signature _____