

# Midreshet Rachel V'Chaya College of Jewish Studies for Women

23 Rechov Eliezer HaLevi • Kiryat Moshe • P.O. Box 3151 • Jerusalem 96343 • Tel: 972-2-654-0622

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You can also apply online at: [www.darchenoam.org](http://www.darchenoam.org)

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**INSTRUCTIONS:** ALL APPLICATIONS MUST BE FILLED OUT **COMPLETELY** AND SUBMITTED **DIRECTLY TO THE ISRAEL OFFICE (BY MAIL OR FAX).**

I wish to learn from \_\_\_\_\_ 20 \_\_\_\_\_ until \_\_\_\_\_ 20 \_\_\_\_\_

If you are interested in living in our dorm, please indicate: \_\_\_\_\_

Name: \_\_\_\_\_  
last first middle Hebrew

Address for Correspondence: \_\_\_\_\_  
street city state zip country

Tel.#: \_\_\_\_\_ Fax #: \_\_\_\_\_ Email: \_\_\_\_\_ Cell#: \_\_\_\_\_

Permanent Address: (give the name and address of a person through whom you can always be reached when not at your correspondence address. Write "same" if both addresses are the same.)

\_\_\_\_\_ street city state zip country  
Tel.#: \_\_\_\_\_ Fax #: \_\_\_\_\_ Email: \_\_\_\_\_ Cell: \_\_\_\_\_

Applicant's occupation/field of study: \_\_\_\_\_

Name of business or Institution/tel.# \_\_\_\_\_

Birth Date: \_\_\_\_\_ Place of Birth: \_\_\_\_\_ Citizenship: \_\_\_\_\_  
(write out month)

Passport #/ Israel I.D.#: \_\_\_\_\_ Expires: \_\_\_\_\_ Type of Visa: \_\_\_\_\_

Previous Visits to Israel: Purpose of trip & dates: \_\_\_\_\_

Synagogue you attend: \_\_\_\_\_ Rabbi: \_\_\_\_\_

Address & Tel.# of Rabbi: \_\_\_\_\_

Father's Full Name: \_\_\_\_\_ city & country of birth: \_\_\_\_\_

Mother's First and Maiden Name: \_\_\_\_\_ c. & c. of birth: \_\_\_\_\_

Mother's Last Name (if not the same as father's): \_\_\_\_\_

Parents' marital status: married \_\_\_\_\_ divorced/separated: \_\_\_\_\_ deceased: \_\_\_\_\_

Father's Address & Tel: \_\_\_\_\_

Mother's Address & Tel: \_\_\_\_\_

Father's occupation: \_\_\_\_\_ Name of business/tel.#: \_\_\_\_\_

Mother's occupation: \_\_\_\_\_ Name of business/tel.#: \_\_\_\_\_

Husband's Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Children's Names & Ages: \_\_\_\_\_

Were you born Jewish? Yes \_\_\_\_\_ or No \_\_\_\_\_

Converted: Yes \_\_\_\_\_ or No \_\_\_\_\_ (If yes by which Beit Din?) \_\_\_\_\_ Adopted? Yes \_\_\_\_\_ or No \_\_\_\_\_

Were your parents Jewish born? Mother: Yes \_\_\_\_\_ or No \_\_\_\_\_ Father: Yes \_\_\_\_\_ or No \_\_\_\_\_

Mother Converted: Yes \_\_\_\_\_ or No \_\_\_\_\_ (If yes by which Beit Din?) \_\_\_\_\_ Adopted? Yes \_\_\_\_\_ or No \_\_\_\_\_

Father Converted: Yes \_\_\_\_\_ or No \_\_\_\_\_ (If yes by which Beit Din?) \_\_\_\_\_ Adopted? Yes \_\_\_\_\_ or No \_\_\_\_\_

Were your grandmothers Jewish born?

Maternal grandmother: Yes \_\_\_\_\_ or No \_\_\_\_\_

Converted: Yes \_\_\_\_\_ or No \_\_\_\_\_ (If yes by which Beit Din?) \_\_\_\_\_ Adopted? Yes \_\_\_\_\_ or No \_\_\_\_\_

Paternal grandmother: Yes \_\_\_\_\_ or No \_\_\_\_\_

Converted: Yes \_\_\_\_\_ or No \_\_\_\_\_ (If yes by which Beit Din?) \_\_\_\_\_ Adopted? Yes \_\_\_\_\_ or No \_\_\_\_\_

**Colleges or Universities Attended:**

Name of School	Location	Years attended	Degree	Major & Minor	Graduation date
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

**Torah Education:**

Name of School	Location	Years attended	Subjects
_____	_____	_____	_____
_____	_____	_____	_____

**Proficiency in Hebrew:**

(0 is None - 4 is high)	Ability to read	Ability to Translate
Reading	0 1 2 3 4	0 1 2 3 4
Rashi	0 1 2 3 4	0 1 2 3 4
Writing	0 1 2 3 4	0 1 2 3 4
Speaking	0 1 2 3 4	0 1 2 3 4

If time has elapsed since you last attended school, describe how that time has been spent: (if you've been employed please give name of company or employer) \_\_\_\_\_

What are your vocational goals? \_\_\_\_\_

Activities and organizations in which you have participated, and in what capacity: \_\_\_\_\_

Are you presently undergoing treatment for any illness? (physical or emotional) Please explain: \_\_\_\_\_

Do you currently, or have you in the past, suffered from or taken medication for emotional problems? If so, please explain. \_\_\_\_\_

Are you on any medication for physical problems? If so, what? Please explain. \_\_\_\_\_

Interviewed by Staff?: \_\_\_\_\_ Interviewer's Name: \_\_\_\_\_ Interview Date: \_\_\_\_\_

If possible, please give the name of a person in Israel who can be a reference for you:

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Tel.#: \_\_\_\_\_

In case of emergency, the following people should be contacted:

In Israel: Name: \_\_\_\_\_ Address: \_\_\_\_\_  
 Tel.#: \_\_\_\_\_ Relationship: \_\_\_\_\_

In Country of Origin: Name: \_\_\_\_\_ Address: \_\_\_\_\_  
 Tel.#: \_\_\_\_\_ Relationship: \_\_\_\_\_

How did you hear about us?

Rabbi/Rebbetzin Name: \_\_\_\_\_ Contact Info. \_\_\_\_\_  
 Friend Name: \_\_\_\_\_ Contact Info. \_\_\_\_\_  
 Other Name: \_\_\_\_\_ Contact Info. \_\_\_\_\_

Please write a one to two page essay describing your religious background and present commitment to Judaism, extent of your Jewish studies and textual skills in various Jewish subjects; your reasons for wanting to study at this time and why you feel MRC is appropriate for you. Discuss any books or people (secular or religious) which have had an impact on you and why.

Please enclose two letters of recommendation, at least one of which is from a rabbi or Jewish educator who has known you for a period of about one year.

Tuition Fees for the complete academic year 2009-2010 are \$9,600. Tuition for the following academic year 2010-2011 is subject to change. This includes a non-refundable fee of \$250 for registration and \$350 for student activities. This \$600 is due upon acceptance. Financial assistance may be available from your local synagogue, MASA Program, JCC, Federation, and/or Hillel. If further financial assistance is required, please request a financial assistance application form.

I agree to abide by the rules and regulations set by Midreshet Rachel v'Chaya for the health, safety, and welfare of the students. I understand that Midreshet Rachel v'Chaya, while it takes precautions to eliminate the risk of loss or damage to applicant's personal property, is not held financially responsible if such loss or damage should occur. I certify that the information given in this application is complete and correct.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Please ensure that your application is fully completed, including a digital photograph, essay, and two letters of recommendation. No decision can be made until all materials are received.