



Application for Admission 2009-2010

One Cedarlawn Ave., Lawrence, New York 11559
516-239-9002 Fax: 516-371-6058

INSTRUCTIONS *Please read carefully*

- 1 A personal interview will be required of all applicants.
- 2 Please enclose a \$100 check or money order for application fee.
- 3 All questions must be answered and application signed and dated to be considered for acceptance.
- 4 All personal information will be held in confidence.

PHOTOGRAPH

Your photograph will be taken when you come for an interview

1. APPLICANT'S NAME

Last	First	M. I.	Hebrew	Last name in Hebrew letters

2. DATE OF BIRTH

2a. PLACE OF BIRTH

3a. PERMANENT ADDRESS

	City	state	Zip	TELEPHONE ()

3b. CURRENT ADDRESS

	City	state	Zip	TELEPHONE ()

4a. Email:

4b. Parents' Email:

4c. Fax No.:

5. SOCIAL SECURITY NUMBER:

4d. Cell No.

6. LIST TWO PEOPLE TO CONTACT IN CASE OF EMERGENCY:

NAME	TELEPHONE
	()

NAME	TELEPHONE
	()

FAMILY DOCTOR	TELEPHONE
	()

7. NUMBER OF SIBLINGS AGES _____

FATHER'S NAME <input type="checkbox"/> LIVING <input type="checkbox"/> DECEASED <input type="checkbox"/> DIVORCED	MOTHER'S FIRST NAME MAIDEN NAME <input type="checkbox"/> LIVING <input type="checkbox"/> DECEASED <input type="checkbox"/> DIVORCED
HOME ADDRESS	HOME ADDRESS
OCCUPATION EMPLOYER	OCCUPATION EMPLOYER
BUSINESS ADDRESS & TEL.	BUSINESS ADDRESS & TEL.

9.

PATERNAL GRANDPARENTS' NAMES ___ LIVING ___ DECEASED	MATERNAL GRANDPARENTS' NAMES ___ LIVING ___ DECEASED
HOME ADDRESS	HOME ADDRESS
BUSINESS ADDRESS & TEL.	BUSINESS ADDRESS & TEL.

10. IN CASE OF SURROGATE PARENT, GIVE NAME, ADDRESS, OCCUPATION AND RELATIONSHIP OF GUARDIAN OR CUSTODIAN: _____

11. FAMILY CONGREGATION _____ RABBI _____ PHONE # _____
ADDRESS _____

12. HOW DID YOU HEAR OF YESHIVA SH'OR YOSHUV? _____

13. PLEASE NOTE ANY SPECIAL NEEDS OR MEDICAL CONDITION _____

14. DO YOU HAVE MEDICAL INSURANCE? ___ YES ___ NO IF YES, PLEASE NOTE TYPE _____

15. WHERE WILL YOU BE LIVING? ___ HOME ___ DORM ___ RENT ROOM/APT.

16. MEALS YOU WILL EAT AT YESHIVA ___ BREAKFAST ___ LUNCH ___ DINNER

17. WILL YOU BE ATTENDING COLLEGE? ___ YES ___ NO IF YES, NAME OF COLLEGE _____

EDUCATIONAL PROFILE

18 DATE OF GRADUATION:

--	--

 NAME OF HIGH SCHOOL:

--

Month Year

19. LIST IN CHRONOLOGICAL ORDER ALL SCHOOLS ATTENDED, INCLUDING ELEMENTARY SCHOOLS:

NAME/ADDRESS/PHONE NUMBER	DATES	YEARS	DIPLOMA

I HAVE CAREFULLY READ ALL OF THE INFORMATION ABOVE AND CERTIFY THAT ALL THE INFORMATION PROVIDED ON THIS FORM IS TRUE, ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I CERTIFY THAT I DID GRADUATE HIGH SCHOOL.

STUDENT SIGNATURE

DATE

FOR OFFICE USE ONLY

Comments: _____ Updated and corrected

Recommendations: _____

Interviewed by: _____ Date: _____

ESSAY

Please write a brief paragraph outlining your goals and reasons for attending Sh'or Yoshuv.

REFERENCES

LIST 3 PEOPLE, PREFERABLY REBBEIM & TEACHERS, WHO CAN SERVE AS CHARACTER & EDUCATIONAL REFERNCES

1. NAME: _____
ADDRESS/TEL: _____
RELATIONSHIP: _____

2. NAME: _____
ADDRESS/TEL: _____
RELATIONSHIP: _____

3. NAME: _____
ADDRESS/TEL: _____
RELATIONSHIP: _____

TUITION

Registration	\$ 460
Tuition	\$8000
Dorm/Meals	\$6000
Meals for Non Dorm Students	\$3500

Dinner - Each family is obligated to give \$500 or solicit ads in that amount towards the Annual Dinner (payable by December 2, 2009). This amount entitles you to two dinner reservations and a full page journal ad

Building Fund – Each Family is obligated to pay \$3000 over a three year period towards the Building Fund

The office must be notified of a student’s withdrawal thirty days prior to his leaving. Failure to do so will result in continuation of all charges for 30 days after receipt of such notification. If a student is asked to leave he will incur all charges for 30 days after his dismissal.

Please specify below how you are planning to meet your financial obligations to the Yeshiva:

Parents: Personal: Other: Scholarship*:

*For scholarship please contact the Sh'or Yoshuv office for an application.

I certify that if a scholarship is not requested with this application, I accept full responsibility for payment of full tuition

Signature of Parent/Guardian: _____ **Date:** _____