



Application for Admission 2021-2022

One Cedarlawn Ave., Lawrence, New York 11559
516-239-9002 Fax: 516-239-9003 applications@shoryoshuv.org

INSTRUCTIONS- *Please read carefully.*

- 1 Please enclose a \$200 check or money order for application fee. No interview will be given without application fee payment.
- 2 A personal interview is required of all applicants.
- 3 All questions must be answered, and application signed and dated to be considered for acceptance.
- 4 All personal information will be held in strict confidence.

1. Applicant's Legal Name

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Last

First

M. I.

Name you are called

- Kohen
 Levi
 Yisroel

Last Name in Hebrew

First Name in Hebrew

Father's Name in Hebrew

2a. Date of Birth

2b. Country of Citizenship

2c. Place of Birth

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3a. Home Address

3b. City

3c. State

3d. Zip

3e. Home Phone

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4a. Current Address (if different then above)

4b. City

4c. State

4d. Zip

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5a. Student Email

5b. Student Cell

5c. SSN

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6. List two people to contact in case of emergency:

Name	Relationship	Phone
Family Doctor	Address	Phone

Number of Siblings _____ Ages _____

7.

Father's Name	<input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Deceased	Mother's First Name	Maiden Name	<input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Deceased
Home Address (if different than above)		Home Address (if different than above)		
Occupation	Employer	Occupation	Employer	
Business Address & Telephone		Business Address & Telephone		
Father's email	Father's Cell	Mother's email	Mother's Cell	

8.

Paternal Grandparent's Name	_____ Living _____ Deceased	Maternal Grandparent's Names	_____ Living _____ Deceased
Home Address		Home Address	
Phone & Email Address		Phone & Email Address.	

9. In case of surrogate parent, please give name, address, relationship of custodian or guardian _____

10. Family Shul _____ Rabbi _____ Phone# _____
Address _____

11. How did you hear of Sh'or Yeshuv? _____

12. Please note any special needs or medical conditions _____

13. Do you have medical insurance? Yes _____ No _____ If yes, please note type. _____

14. Where will you be living? Dorm _____ Home _____ Rent Room/Apt. _____

15. Meals you will eat in Yeshiva. All _____ Breakfast _____ Lunch _____ Dinner _____

16. Will you be attending College? No _____ Yes _____ Name of College _____

17. Name Of High School _____ Date of Graduation (Month/Year) _____

18. Name of College _____ Date of Graduation (Month/Year) _____

19. List in Chronological order all schools attended, High School, College, Yeshiva or Bais Medrash in Israel or elsewhere

Name of School, Address, Phone	From (mm/yy)	To (mm/yy)	Diploma

I have carefully reviewed all the information above and certify that all the information provided on this form is accurate, true, and complete to the best of my knowledge. I further certify that I have graduated from High School.

Student Signature _____ Date _____

Essay

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

References

List 3 people, preferably Rebbeim and Teachers that can serve as character & educational references.

Name _____

Address & Phone _____

Relationship _____

Name _____

Address & Phone _____

Relationship _____

Name _____

Address & Phone _____

Relationship _____

Tuition Charges

Application Fee	\$ 200
Registration	\$ 600
Tuition	\$ 10,000
Dorm/Meals	\$ 7,500
Meals for Non-Dorm Students	\$ 4,000

Dinner - Each family is obligated to give \$600 or solicit ads in that amount towards the Annual Dinner (payable by December 1, 2021). This amount entitles you to two dinner reservations and a full-page journal ad.

Building Fund – Each Family is obligated to pay \$3,000 over a three-year period towards the Building Fund.

Withdrawals -

The **business office** (telling a Rebbe is insufficient notice) 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*:

*Please contact the Sh'or Yoshuv office for a scholarship application.

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

Signature of Parent/Guardian: _____ Date: _____