

TALMUDIC UNIVERSITY OF FLORIDA

ALFRED AND SADYE SWIRE COLLEGE OF JUDAIC STUDIES

1910 Alton Rd., Miami Beach, FL 33139

Tel: 305-534-7050; Fax: 305-534-8444

GENERAL APPLICATION FOR ADMISSION

STUDY ABROAD PROGRAM

- Please fill out this application form completely:
- Please attach a recent photograph of the student applying

Date of Application	Application date (MM/DD/YY) _____ For admission in: _____
Applicant's Name	Last: _____ First: _____ Middle: _____ Hebrew Name: _____
Home Address and Telephone Number	Street: _____ City: _____ State: _____ Zip: _____ Telephone: _____ E-Mail: _____ If mailing address is different from above: _____ _____ Telephone: _____
Personal Information	Place of Birth: _____ Date of Birth: _____ Social Security Number: _____ - _____ - _____ Are you a citizen of the United States? Yes ___ No ___ If NO , citizen of which country: _____ Are you a Permanent Resident? No ___ Yes ___ # _____ Do you have a Student Visa? Yes ___ No ___ Height: _____ Weight: _____ Hair Color: _____ Eye Color: _____ Marital Status: Single, Married, Divorced, Widowed: (Circle one) <i>In case of emergency, please contact:</i> Name: _____ Relationship: _____ Address: _____ Telephone: _____
School in Eretz Yisroel	School: _____ Tel: _____ Address: _____ Contact: _____ If this is your second year in Eretz Yisroel please complete: Previous program: _____ Did you receive financial aid? Yes ___ No ___ If Yes, total amount of package: Grant \$ _____ Loan \$ _____

Parental Information	<p>Father (or guardian): Name: _____ Occupation: _____ Business address: _____ Business phone: _____</p> <p>Mother (or guardian): Name: _____ Occupation: _____ Business address: _____ Business phone: _____</p>
Educational Background	<p>High School: _____ City: _____ State: _____ Are you a High School graduate?: Yes ___ No ___ GED ___ Have you attended any post High School Programs? _____ If yes, when, where and brief description: _____</p> <p>Describe your background in: Gemarra: _____ Chumash: _____ Machshova: _____ Halacha: _____</p>
General Information	<p>How did you hear about our school? _____ How are you planning to meet your financial obligations to the yeshiva? Parents and/or personal? _____ Independent financial aid? _____ Explain: _____</p> <p><i>If you wish to apply for a partial scholarship, please complete the appropriate applications.</i></p>
Discipline	<p>Have you ever been under academic discipline or been refused admission to any school? _____ If yes, please explain: _____</p>
Goals	<p>What do you hope to accomplish by attending this yeshiva? _____ _____</p> <p>What are your goals after graduation? _____ _____</p>

Please use a supplementary sheet for any special comments you may wish to make.
Transcripts and other references should be attached to this application.

I, hereby, certify that the above information is complete and accurate.

Name: _____

Date: _____