

TORAH INSTITUTE
An affiliate of Machon Shlomo of Jerusalem
North Moodus Road
Box 378
Moodus, Connecticut 06469

APPLICATION

INTRODUCTORY INFORMATION (please print clearly)

1. Applicant's Name _____
Last First Hebrew
2. Legal Address _____
Mailing Address (if different) _____
3. Telephone (Home) _____ (Work) _____
(Cell) _____ (email) _____
(Emergency number) _____
4. Date of Birth _____ Place of Birth _____ Citizenship _____
5. Were you ever in Israel? _____ Dates _____
Reason for visit _____
6. A. Was your mother born Jewish? Yes No B. Was your father born Jewish? Yes No
7. Parent's marital status: Married Divorced Separated
8. Father's Name _____ Mother's Name _____
9. Father's Address _____ Mother's Address _____
10. Father's Occupation _____ Mother's Occupation _____
11. Employer's Name _____ Employer's Name _____
13. Other Children in Family: Yes No Number of brothers _____ Number of sisters _____

EDUCATION DATA

14. List chronologically all the schools you have attended.

NAME OF SCHOOL	LOCATION	DATES OF ATTENDANCE	GRADUATION DATE & DEGREE AWARDED
Secondary Schools :			

Colleges or Universities:

Jewish Schools (if not included above):

15. Present occupation, if not attending college _____

Please detail a brief career bio :

16. Jewish Education:

(A) Hebrew Language -

	Not at all	Minimal	Average	Very Well
READ				
WRITE				
SPEAK				
UNDERSTAND				

(B) Detail areas of subject matter studied in following :

Bible _____ Hebrew Literature _____

Jewish History _____ Talmud _____

Other _____

17. Languages spoken at home _____

18. Activities and organizations in which you have participated _____

19. Do you need financial assistance in meeting the tuition requirement of \$350.00 ? _____

[Before May 15th, the tuition will be \$300. After that time it will be \$350].

20. Are there any special characteristics of your medical history (including medicines, physical limitations or food requirements)? _____

21. List two persons who can serve as a reference for you :

Name _____ Relationship _____ Phone/Address _____

Name _____ Relationship _____ Phone/Address _____

22. How did you hear about Torah Institute ? _____

Please (in at least 2 paragraphs) describe what you hope to gain from TORAH INSTITUTE (attach to application) :

Date

Signature of Applicant