

APPLICATION FORM 2023-2024

תשפ"ג – תשפ"ד

<u>Maalo</u>	t Kodesh and Chol program	1	
I intend to do the full Kodesh and Chol (for under 20)			
I intend to dorm in the Maalot do	rmitory 🔲 I intend to dorm w	here I will be a Madricha	
Name of Seminary you intend to be Ma	adricha		
Name of current Seminary			
Israeli Cell phone:	Seminary Email:		
<u>Maal</u>	ot Chol program		
I intend to do Chol at Maalot but	study Kodesh in a different pro	gram (for under 20)	
I intend to only do full Chol (for o	ver 20) 🔲 I intend to only do	partial Chol (for over 20)	
Person	nal Information:		
Name:(English) Last:	First:		
Name: (Hebrew)Last:			
Maiden Name (If Married):			
Address:	City:	State:	
Country:	Zip:		
Social Security #:	Nationality:		
Passport #:	Place of birth:		
D.O.B.(English)			
D.O.B. (Hebrew)			
MM DD YY			
High School Attended:			
Cell abroad:	Email:		
, and obtain			
<u>Anticipate</u>	d Major Area Of Study:		
□ Business	Consult: A		
☐ Business with Accounting	☐ Graphic Arts☐ Psychology		
☐ Computer Science	□ Science		
□ Education	□ Speech		



Family information:

Parents' Marital Status: \square Married \square Separated \square	Divorced \square Widowed \square	Remarried
Father's name Last:	First:	
Address:	City:	
Zip:	Country:	
Phone number:	Cell number:	<u> </u>
Area code: Number:		Number:
Occupation:	Employer:	
Mother's name Last:	First:	
Address:	_ City:	State:
Zip:	Country:	
Phone number: Area code: Number:	Cell number:	Area code: Number:
Email:		
Occupation:	Employer:	
Name of Shul:	Family Rav:	

<u>Siblings - Please List:</u>

Name	Age	School/Occupation

Relatives or Close Friends Living In Israel - Please List

Name	Address	Phone	Relationship



References - Please Provide Three:

Name	Relationship	Phone	Email

Medical Information

1.	Have you ever sustained any serious injury, suffered any serious illness, or undergone any operation? YES/NO If yes, please give details:
2.	Are you at present under medication? YES/NO If yes, please give details
3.	Are you currently taking any prescription medications? YES/NO If yes, please give details
4.	Do you suffer from any food allergies?
5.	Have you had a full course of vaccinations? YES/NO
6.	Are there any medical conditions in your family that need special consideration? YES/NO If yes, please give details



Education:

Elementary School	Address	Years

High School	Address	Years

College Credit:

1.	Did you do a joint college program for your seminary year? YES/NO
	If yes, with which college?
2.	How many credits did you receive?

Please list courses and credits received through the following:

	Course Taken	Credits Received
High School		
Dual Enrollment		
credits		
A Level		
АР		
CLEP		
Other		



Autobiography

Please complete a detailed autobiography including: your background, what you gained from your Shana Alef Seminary year and what your goals are for Shana Beis.



School Rules

Maalot is a Shana Beis program and regards its students as mature and responsible. As such we have a minimum of rules. One issue is however non-negotiable and an absolute precondition for being part of our program.

Under no circumstances may students have electronic devices with internet or video capabilities (such as smartphones), even if equipped with filters. This applies both on and off campus, and even if left with relatives or friends. The only exception is laptops (which are often essential for schoolwork). All laptops must be fitted with either filter or surveillance systems chosen by the administration (at the student's expense). If you require equipment for listening to music or taking pictures, bring an MP3 or camera.

Failure to comply with this rule may lead to having the equipment impounded or possibly being asked to leave the program without a refund of fees.

In addition to this application form, the following should be sent:

- 1. Seminary Transcript
- 2. High School transcript, Hebrew and secular studies (11th & 12th Grade)
- 3. College transcripts, if any
- 4. SAT scores, if any
- 5. \$40 application fee www.nevey.org/appfees-ma
- 6. A recent photo of yourself

All supporting materials should be sent to: Maalot@nevey.org

I herewith submit my application to Maalot and undertake to comply with all rules, regulation	ns and
standards set by the school.	

I certify that all the statements in this application are complete and accurate to the best of my knowledge.

☐ I have paid the \$40 application fee.		
Name	Date (MM/DD/YYYY)	Signature