



140 Rechov Gordon, Kiryat Yearim, Telzstone ISRAEL 9083800

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American line: 718-689-1887

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APPLICATION FOR ADMISSION 2017-18

INSTRUCTIONS:

Please complete this application, scan and email to office@tifereszion.com or mail to the address below. The registration fee of \$250 should be mailed to 59 Columbia Avenue, Apt C4, Cedarhurst, NY 11516 and marked with your name. Checks should be made out to American Friends of Tiferes Zion.

**The name and birth date of each parent plus the mother's maiden name and the student's passport number and citizenship must be filled out clearly. This information is needed to renew student visas.*

PERSONAL

Name: First: _____ Last: _____

Address: _____

City: _____ State: _____ Zip: _____

Home #: _____ Cell: _____

Email: _____ *Date of Birth: _____

*Citizenship/s: _____ *Passport #: _____ SS # _____

I was interviewed by: _____

FAMILY

I live with: both parents father mother other _____

Father's Title and Name: _____

Address: (if different than above) _____

City: _____ State: _____ Zip: _____

Occupation: _____ Cell: _____

*Date of Birth: _____ Email: _____

Mother's Title and Name: _____

Address: (if different than above) _____

City: _____ State: _____ Zip: _____

Occupation: _____ Cell: _____

*Date of Birth: _____ Maiden Name: _____

Email: _____

RELIGIOUS STUDIES

Name of High School _____

Name of Rebbe _____

BRIEF FAMILY HISTORY

RECOMMENDATIONS

It is necessary to enclose at least 2 letters of recommendation with this application from Rabbeim that know you.

I am enclosing a letter of recommendation from:

1. _____

2. _____

COMMENTS

Describe your reasons for wanting to come to Israel to study. Explain why you prefer Tiferes Zion, what you expect to accomplish there, and who recommended Tiferes Zion for your particular needs.

Signature of Applicant Date

Signature of Parents Date