



The Keshet Institute

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American Friends of Keshet

919 E. 24th Street  
 Brooklyn, NY 11210  
 Tel: 718-564-5456  
 Fax: 718-266-7151  
 Contact Person: Faige Sorotzkin

## APPLICATION FOR ADMISSION

### INSTRUCTIONS

Fill out each item clearly and completely. Illegible or incomplete information may cause unnecessary delay.

1. Please enclose a check or money order for \$150 for the application fee.
2. A personal or telephone interview will be required of all applicants.
3. Keshet reserves the right to request that high school and university transcripts be sent directly to our office.
4. The privilege of studying at Keshet is conditional on satisfactory work and adherence to the rules and regulations of the school. Keshet reserves the right to require the withdrawal of any student, for any reason it deems sufficient.
5. All questions must be answered and application signed and dated to be considered for acceptance.
6. All personal information will be held in strictest confidence.

### PHOTOGRAPH

Application must be submitted with current photo signed on the back and photostat of current passport. (Page of passport containing picture, number, birthday, etc.)

#### FOR OFFICE USE ONLY

#### APPLICANT'S NAME

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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LAST

FIRST

MIDDLE

HEBREW

FATHER'S NAME

#### DATE OF BIRTH

 /  / 

MONTH

DAY

YEAR

#### PLACE OF BIRTH

CITY

STATE

COUNTRY

#### CITIZENSHIP

#### ADDRESS AND TELEPHONE

##### PERMANENT ADDRESS

<input type="text"/>	<input type="text"/>
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##### TELEPHONE

##### CURRENT ADDRESS (If you are attending school or working temporarily away from home).

<input type="text"/>	<input type="text"/>
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##### IN ISRAEL, IF NOT ON CAMPUS

##### RELATIVE IN ISRAEL (name and address)

<input type="text"/>	<input type="text"/>
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##### NAME, ADDRESS & TELEPHONE OF PERSON TO CONTACT IN CASE OF EMERGENCY (other than a parent)

<input type="text"/>	<input type="text"/>
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##### STUDENT'S E-MAIL ADDRESS

##### MOTHER'S E-MAIL ADDRESS

##### FATHER'S E-MAIL ADDRESS

##### STUDENT'S SOCIAL SECURITY NO.

##### MOTHER'S FAX #

##### FATHER'S FAX #

PASSPORT NO.

COUNTRY

STATUS IN ISRAEL: TOURIST

TEMP. RESIDENT(A1)

CITIZEN/OLEH

ISRAELI ID NO.

WERE YOU EVER IN ISRAEL BEFORE? YES  NO

DO ANY ONE OF YOUR PARENTS OR GRANDPARENTS HAVE ISRAELI CITIZENSHIP?

YES  NO

I AM A:

COHEN  
 LEVI  
 YISROEL

WERE YOU BORN OF A JEWISH MOTHER?

YES  
 NO

If you, your mother, or her mother were converted, please specify who and include all available certification with your application.

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Student's Bar Mitzvah Parsha \_\_\_\_\_

HOW MANY SIBLINGS  AGES

FATHER'S NAME AND TITLE

MOTHER'S FIRST AND MAIDEN NAME AND TITLE

_____		_____	
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HOME ADDRESS

HOME ADDRESS

_____		_____	
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OCCUPATION EMPLOYER

OCCUPATION EMPLOYER

_____		_____	
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BUSINESS ADDRESS, TEL. AND FAX

BUSINESS ADDRESS, TEL. AND FAX

_____		_____	
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CITIZENSHIP CELL PHONE

CITIZENSHIP CELL PHONE

_____	_____	_____	_____
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NAME OF ANY STEP-PARENTS \_\_\_\_\_

WHO DOES STUDENT LIVE WITH \_\_\_\_\_

FAMILY CONGREGATION \_\_\_\_\_ RABBI \_\_\_\_\_

ADDRESS \_\_\_\_\_

HOW DID YOU HEAR OF KESHER? \_\_\_\_\_

INDICATE ANY SPECIAL CHARACTERISTICS OF YOUR PHYSICAL HEALTH, ANY ALLERGIES?

\_\_\_\_\_

HAVE YOU OR ARE YOU BEING TREATED FOR ANY EMOTIONAL DISORDERS? Please Specify: (refer to number 6 in INSTRUCTIONS)

\_\_\_\_\_

IF YOU ARE TAKING, OR TOOK IN THE PAST, (on a protracted basis) ANY MEDICATION FOR ANY ASPECT OF YOUR HEALTH, PLEASE INDICATE

\_\_\_\_\_

DID YOU GRADUATE HIGH SCHOOL?:

\_\_\_\_\_

ORGANIZATIONAL AFFILIATIONS, AWARDS, OR SCHOLARSHIPS RECEIVED:

\_\_\_\_\_

IF YOU WERE NOT EMPLOYED SINCE LEAVING SCHOOL, DESCRIBE HOW YOU SPENT THIS INTERVAL:

\_\_\_\_\_

IF EMPLOYED, SINCE LEAVING SCHOOL, WHO WAS YOUR LAST EMPLOYER?

NAME: \_\_\_\_\_ ADDRESS \_\_\_\_\_

TEL: \_\_\_\_\_ POSITION: \_\_\_\_\_



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### **Tuition**

1. *The total tuition for the 2011-2012 year is \$20,000.*
2. *An application fee of \$150 must accompany each application. This fee is non-refundable.*
3. *A \$500 refundable deposit is required against any damage of Kesher property.*
4. *The payment of \$20,000 should be sent to our American office by July 15<sup>th</sup>, 2011<sup>th</sup> in the following way:*
  - a. *Check #1 dated July 15<sup>th</sup>, 2011 in the amount of \$10,000*
  - b. *Check #2 dated January 15<sup>th</sup>, 2012 in the amount of \$10,000*

*Credit card payments are available through the Kesher American office.*

***Should you want to discuss the payment of fees, please contact Mr. Ari Lonner in Israel 054-593-9101 (mobile) or 718-701-2216 (home - evening hours).***

5. *All checks should be made payable to American Friends of Kesher or Kesher Outreach Organization (Canada).*
  6. *All payments are in US dollars.*
  7. ***Any student who leaves or is removed from the program will be responsible for a further two months of tuition.***
  8. *No student will be admitted to the school or dormitory facilities unless financial arrangements have been completed.*
  9. ***Please Note: NO transcript or certificate will be issued without full payment of outstanding fees. This applies even in the event that deferment of fees payment while studying has been mutually agreed upon by Kesher and the student.***
  10. *For PEL Grant information and student loans please contact the Kesher Israel office.*
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**Medical Insurance**

Medical insurance coverage is mandatory for every student. The cost for the school year is \$300.00. This money must be paid upon registration and is non-refundable. **NO** student will be allowed into school without valid proof of proper Israeli Medical Insurance. There are additional insurance options such as private surgery or personal effects. Please contact the Kesher Israel office for details.

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**Visits**

Although visits from parents and close family members are welcome, students are expected to continue their regular schedules. No student is allowed to be absent without specific permission from the administration.

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**Responsibility Waiver Agreement**

1. Should the student's behavior require suspension, the school retains the right to do so. **Every student is required to provide a contact in Israel responsible for him during the suspension. The school is not responsible for a student who has been suspended.**

Contact Name \_\_\_\_\_ Contact Phone Number \_\_\_\_\_

2. Kesher is exonerated for any loss by theft or otherwise of any personal belongings, for any personal injury incurred within the premises of Kesher, off premises or on any organized trip. I have absolutely no claims against Kesher for any of the above.

3. Personal safes are available for the students.

I hereby certify that all the information included on this form is true, accurate and complete to the best of my knowledge **and** that I have read the details of the tuition agreement fee schedule and regulations. I hereby declare that by marking this box I am in agreement and will comply with the tuition agreement, fee schedule and regulations. I understand that these conditions are to take effect immediately upon the applicant's acceptance.

Signature \_\_\_\_\_

Date \_\_\_\_\_