



# Application Form

**Please select the program that you are applying to:**  
 Bnos Chana    Halichos

**If you are applying to Halichos, please specify the course option you are interested in:**

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**APPLICANT:** \_\_\_\_\_  
 Family Name                      First                      Middle                      Hebrew (First and Family)

Address                                      City                      State/Province                      Zip                      Country

Phone                                      Fax                                      Email

Current School \_\_\_\_\_ Graduation Date \_\_\_\_\_ High School GPA \_\_\_\_\_

Place of Birth \_\_\_\_\_ Date of Birth (dd/mm/yyyy) \_\_\_\_\_ Hebrew Date of Birth \_\_\_\_\_

Passport No. \_\_\_\_\_ Country Issuing Passport \_\_\_\_\_ Social Security No./I.D. \_\_\_\_\_

**FATHER:** \_\_\_\_\_  
 Last                                      First                                      Occupation

Business Phone                      Fax                                      Email

**MOTHER:** \_\_\_\_\_  
 Last                                      First                                      Maiden                                      Occupation

Business Phone                      Fax                                      Email

Parents Marital Status \_\_\_\_\_

**SIBLINGS:** \_\_\_\_\_  
 Name                      Age                      Name                      Age

\_\_\_\_\_  
 Name                      Age                      Name                      Age

\_\_\_\_\_  
 Name                      Age                      Name                      Age

**RELATIVES OR CLOSE FRIENDS LIVING IN ISRAEL (IF ANY):**

\_\_\_\_\_  
 Name                      Address                      Phone                      Relationship

\_\_\_\_\_  
 Name                      Address                      Phone                      Relationship

\_\_\_\_\_  
 Name                      Address                      Phone                      Relationship

**SCHOOLS ATTENDED (STARTING FROM ELEMENTARY):**

Name of School	Location	Years Attended
Name of School	Location	Years Attended
Name of School	Location	Years Attended

Extracurricular Activities - describe your extracurricular activities in and out of school: \_\_\_\_\_

What did you do the last three summers? \_\_\_\_\_

Work Experience \_\_\_\_\_

Please list the people who will be writing letters of recommendation for you:

Name	Position	Phone
Name	Position	Phone

Are you presently taking any medication? \_\_\_\_\_ If yes, please explain: \_\_\_\_\_

Have you ever consulted or been treated by a psychologist, psychiatrist, social worker or counselor? \_\_\_\_\_ If yes, please explain: \_\_\_\_\_

Do you suffer from any allergies? \_\_\_\_\_ If yes, please describe: \_\_\_\_\_

*For questions, please contact:*

**Rabbi Moshe Cohn, Dean**  
Bnos Chana Seminary/Halichos, Nachal Shacham 1/2, Ramat Beit Shemesh, 99099  
Israel Tel: 02-992-0229 Israel Cell: 054-84-84-011 Israel Fax: 02-995-2737  
U.S. Tel: 718-576-1456  
www.bnoschana.org rmc@bnoschana.org

Please use the space below to complete an essay on the following topic:

**How do I want my seminary experience to prepare me for the rest of my life?**

## APPLICATION PROCEDURE

This application form must be sent in complete with the following items:

- A) Hebrew and Secular Studies High School Transcripts
- B) Four recent passport photographs
- C) Application fee of \$100.00

In addition, please send in two letters of recommendation from your principal and a teacher, or two teachers who have known you the last two years.

Please send all applications to the following address:

Bnos Chana Seminary/Halichos  
Nachal Shacham 1/2  
Ramat Beit Shemesh, 99099  
Israel



I hereby submit my application to Bnos Chana/Halichos. If I am accepted and decide to come to Bnos Chana/Halichos, I agree to comply with all rules, regulations and standards set by the school.

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

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Signature of Applicant

Date

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Signature of Parent or Guardian

Date