



MACHON L'YAHADUS

◆School: 825 Eastern Pkwy  
◆Dorm Address: 1367 President St.  
Brooklyn, NY 11213  
718-552-2422

## APPLICATION FOR ADMISSION Winter Program

\*Please attach a recent photo of yourself

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

### Personal Background

Last Name \_\_\_\_\_ First Name(s) \_\_\_\_\_ Hebrew Name \_\_\_\_\_

**Current Address** \_\_\_\_\_ **Phone #** \_\_\_\_\_

City/State /Country \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_ Country of Citizenship \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_ Place of Birth \_\_\_\_\_

Marital Status: single engaged married

#### **Father:**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Hebrew Name \_\_\_\_\_

Cell: \_\_\_\_\_ Email: \_\_\_\_\_

#### **Mother:**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Hebrew Name \_\_\_\_\_

Cell: \_\_\_\_\_ Email: \_\_\_\_\_

Was your mother born Jewish? Yes No \*If no, please include a copy of your mother’s or your conversion papers

### Individual Study

The Winter Program includes opportunities for one-on-one “chavruta” study. What is your topic of interest for these study sessions?

\_\_\_\_\_

Which type of housing accommodations do you prefer? Dormitory for women ages 18-25 Home hospitality

How or from whom did you hear about the Machon L’Yahadus Winter Program? \_\_\_\_\_

\_\_\_\_\_

**Jewish Education**

Please fill in the three most recent Jewish educational programs you have attended.

Name of institution	Address	Program attended (e.g. Day school, Hebrew School, Yeshiva)	Affiliation	Length of time attended

**Secular Education**

Please fill in the three most recent post-high school schools you have attended.

Name of institution (e.g. university, vocational school)	Address	Major, Field of Study, Curriculum	Status (e.g. B.A., Master's current student)	Date Completed

**Jobs/Volunteering/Interning**

Please fill in the three most recent jobs, volunteer posts or internships you have held.

Company Name	City, State and Country	Job Title or Position Held	Date Job Started	Date Job Ended

**Jewish Affiliation, Background, and Knowledge**

Are you affiliated with a synagogue? No Yes If “yes”, name of synagogue and city: \_\_\_\_\_

Do you observe: Kosher? No Yes If “yes” how long? \_\_\_\_\_  
 Shabbat? No Yes If “yes” how long? \_\_\_\_\_  
 Daily Prayer? No Yes If “yes” how long? \_\_\_\_\_

Describe briefly your level of observance and practice: \_\_\_\_\_

Please indicate your level of knowledge in each of the following areas by checking the appropriate box for each subject, and indicate in the last column how many months, if at all, you have studied the topic in a formal setting.

	<u>None</u>	<u>Minimal</u>	<u>Average</u>	<u>Extensive</u>	
Hebrew-Reading skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Hebrew-Comprehension	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Hebrew-Speaking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Jewish Law	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Jewish History	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Chumash (Five Books of Moses)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Nach (Prophets and Writings)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Chassidic Philosophy//Concepts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Chassidic Philosophy//Tanya	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Jewish Women	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Jewish Life Cycle Events	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Jewish Holidays	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

## **Application Objective and Brief Autobiographical Sketch**

In a separate document, tell us briefly about yourself and why you want to attend the Machon L’Yahadus Winter Program. Please write a minimum of two paragraphs.

### **References**

Please submit two references with your application, including a Jewish community/campus leader or someone who knows you well. Please list the people who will be submitting references on your behalf. Please ask them to email their reference letters to [womensyeshiva@gmail.com](mailto:womensyeshiva@gmail.com)

Name: \_\_\_\_\_ Relation to you \_\_\_\_\_ Cell \_\_\_\_\_ email \_\_\_\_\_

Name: \_\_\_\_\_ Relation to you \_\_\_\_\_ Cell \_\_\_\_\_ email \_\_\_\_\_

**I affirm that all information contained in this application is true and accurate to the best of my knowledge.**

**The cost of the Winter Program includes classes, housing and all meals. It does not include travel fess to and around Brooklyn/New York City or other incidental expenses.**

**Financail-based scholarships are available for all students who need. Please request our short scholarship form before or upon submission of your application.**

**All applications must be accompanied by a \$50 application fee that will be applied to the Winter Program fees upon acceptance. Application fee can be paid on our website. Go to [womensyeshiva.org/donate/](http://womensyeshiva.org/donate/)**

**The Machon L’Yahadus Winter Program is a total-immersion program. Participants are expected to attend all parts of the program from the Welcome and Orientatioin until the Farewell Brunch on the final Sunday morning unless other arrangements are discussed in advance with the director, Mrs. Yehudis Cohen.**

Applicant’s signature \_\_\_\_\_

Parent/Guardian Signature (if applicant is under 18 years of age) \_\_\_\_\_ Date \_\_\_\_\_

**Mail completed application with photo and other requirements to:  
Machon L’Yahadus  
383 Kingston Ave. #206, Brooklyn, NY 11213  
or email [womensyeshiva@gmail.com](mailto:womensyeshiva@gmail.com).  
Machon L’Yahadus is a division of NCFJE**



**MEDICAL FORM**

This page is to be completed by student

All information will remain strictly confidential and will only be used by medical providers in case of medical necessity while the student is in the Machon L'Yahadus Winter Program. Students with pre-existing health conditions must have medical insurance/coverage or proof of ability to pay for any necessary medical treatment and medication. By signing this form you agree to pay for any costs associated with health care that may not be covered by your insurance should the staff of Machon L'Yahadus determine you are in need of such.

\_\_\_\_\_  
Name of Student \_\_\_\_\_  
Date of Birth

In case of emergency contact:

Name: \_\_\_\_\_ Relationship to you: \_\_\_\_\_

Country: \_\_\_\_\_ Phone #: \_\_\_\_\_ Mobile Tel: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to you: \_\_\_\_\_

Country: \_\_\_\_\_ Phone #: \_\_\_\_\_ Mobile Tel: \_\_\_\_\_

1. Do you have any special dietary requirements?

\_\_\_\_\_

2. Do you now have or have you ever had an eating disorder? If yes please provide details:

\_\_\_\_\_

3. Have you ever received psychological counseling? If yes please provide details:

\_\_\_\_\_

4. Do you now have or have you ever had any mental health issues? If yes please provide details:

\_\_\_\_\_

5. Do you have any allergies, including to medication? If yes please list:

\_\_\_\_\_

6. Do you suffer from any of the following?

Asthma	<input type="checkbox"/> No	<input type="checkbox"/> Yes	Diabetes	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Epilepsy	<input type="checkbox"/> No	<input type="checkbox"/> Yes	Digestive tract diseases	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Heart diseases	<input type="checkbox"/> No	<input type="checkbox"/> Yes	Respiratory illnesses	<input type="checkbox"/> No	<input type="checkbox"/> Yes

7. Do you have any physical limitations? If so please describe:

\_\_\_\_\_

8. Do you take any medication(s)? If yes please indicate which medication(s) and reason for use

\_\_\_\_\_

9. Is there anything else you feel we should know about your health?

\_\_\_\_\_

I affirm that all information contained in this application is true and accurate to the best of my knowledge. Falsifying or purposely leaving out any information on this medical form is cause for immediate expulsion from the Machon L'Yahadus Winter Program. If there is medical information that a prospective student deems extremely confidential and does not wish to write on this form, it can be discussed over the phone with Mrs. Yehudis Cohen upon submission of the application. Mrs. Cohen can be reached at (347) 300-7729.

\_\_\_\_\_  
Applicant's Signature \_\_\_\_\_  
Date