

**APPLICATION**

מכללה ירושלים

**MICHLALAH  
JERUSALEM COLLEGE**U.S. OFFICE: FRIENDS OF MICHLALAH ■ 9 SUTTON ROAD, MONSEY, N.Y 10952  
PHONE: 845.356.0664 ■ FAX: 845.356.0787 ■ EMAIL: MICHLALAHUSA@AOL.COM**INFORMATION FORM**

APPLYING FOR YEAR 20\_\_ - 20\_\_

FAMILY NAME

FIRST NAME

MIDDLE NAME

PREFERRED NAME (TO BE CALLED)

NAME (AS IT APPEARS ON PASSPORT)

PASSPORT NO.

HOME ADDRESS (STREET / CITY / STATE / ZIP / COUNTRY)

PHONE

CELL

FAX

DATE OF BIRTH

 /  /   
MONTH DAY YEAR

SOCIAL SECURITY NO.

E-MAIL

HIGH SCHOOL ATTENDED

CAMPS ATTENDED (LAST 4 YEARS)

SYNAGOGUE ATTENDING

ADDRESS OF SYNAGOGUE

NAME OF RABBI

WORK EXPERIENCE

PREVIOUS VISITS TO ISRAEL; DATES AND REASON FOR VISIT (I.E., PROGRAM / CAMP / OTHER)

FATHER'S NAME (INCLUDE TITLE IF ANY)

ADDRESS (OMIT IF SAME AS ABOVE)

PHONE (HOME)

PROFESSION / OCCUPATION

FIRM / ORGANIZATION

POSITION

BUSINESS ADDRESS

PHONE

CELL

MOTHER'S NAME (INCLUDE TITLE IF ANY)

ADDRESS (OMIT IF SAME AS ABOVE)

PHONE (HOME)

PROFESSION / OCCUPATION

FIRM / ORGANIZATION

POSITION

BUSINESS ADDRESS

PHONE

CELL

# APPLICATION

מכללה ירושלים



MICHLALAH  
JERUSALEM COLLEGE

U.S. OFFICE: FRIENDS OF MICHLALAH • 9 SUTTON ROAD, MONSEY, N.Y 10952  
PHONE: 845.356.0664 • FAX: 845.356.0787 • EMAIL: MICHLALAHUSA@AOL.COM

## PERSONAL INFORMATION APPLYING FOR YEAR 20\_\_ - 20\_\_

FAMILY NAME

FIRST NAME

MIDDLE NAME

שם פרטי

שם המשפחה

שם האם

שם האב

HOME ADDRESS (STREET / CITY / STATE / ZIP / COUNTRY)

TELEPHONE

CELL

EMAIL

SOCIAL SECURITY NO.

PASSPORT NO.

NAME (AS IT APPEARS ON PASSPORT)

DATE OF BIRTH

  
MONTH / DAY / YEAR

תאריך לידה

COUNTRY OF BIRTH

CITIZENSHIP

ELEMENTARY EDUCATION

ADDRESS

YEARS

  
MONTH / YEAR - MONTH / YEAR  
MONTH / YEAR - MONTH / YEAR

SECONDARY EDUCATION

ADDRESS

YEARS

  
MONTH / YEAR - MONTH / YEAR  
MONTH / YEAR - MONTH / YEAR

COLLEGE / UNIVERSITY

ADDRESS

YEARS

  
MONTH / YEAR - MONTH / YEAR

SPECIAL INTERESTS OR HOBBIES

# APPLICATION

מכללה ירושלים



**MICHLALAH  
JERUSALEM COLLEGE**

U.S. OFFICE: FRIENDS OF MICHLALAH • 9 SUTTON ROAD, MONSEY, N.Y 10952  
PHONE: 845.356.0664 • FAX: 845.356.0787 • EMAIL: MICHLALAHUSA@AOL.COM

## FATHER'S INFORMATION

FAMILY NAME

FIRST NAME

MIDDLE NAME

HOME ADDRESS (STREET / CITY / STATE / ZIP / COUNTRY)

TELEPHONE

CELL

FAX

EMAIL

DATE OF BIRTH

\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
MONTH DAY YEAR

COUNTRY OF BIRTH

SCHOOL / YESHIVA EDUCATION

YEARS

19\_\_\_\_ - 19\_\_\_\_

DEGREE

19\_\_\_\_ - 19\_\_\_\_

19\_\_\_\_ - 19\_\_\_\_

UNIVERSITY EDUCATION

YEARS

19\_\_\_\_ - 19\_\_\_\_

DEGREE

19\_\_\_\_ - 19\_\_\_\_

PROFESSION / OCCUPATION

FIRM / ORGANIZATION

POSITION

TITLE

BUSINESS ADDRESS

CITY / STATE / ZIP

TELEPHONE

FAX

# APPLICATION

מכללה ירושלים



**MICHLALAH  
JERUSALEM COLLEGE**

U.S. OFFICE: FRIENDS OF MICHLALAH 9 SUTTON ROAD, MONSEY, N.Y 10952  
PHONE: 845.356.0664 FAX: 845.356.0787 EMAIL: MICHLALAHUSA@AOL.COM

## MOTHER'S INFORMATION

FAMILY NAME

FIRST / MIDDLE NAME

MAIDEN NAME

HOME ADDRESS (STREET / CITY / STATE / ZIP / COUNTRY)

TELEPHONE

CELL

FAX

EMAIL

DATE OF BIRTH

  
MONTH / DAY / YEAR

COUNTRY OF BIRTH

SCHOOL / YESHIVA EDUCATION

YEARS

  
19\_\_ - 19\_\_

DEGREE

  
19\_\_ - 19\_\_  
19\_\_ - 19\_\_

UNIVERSITY EDUCATION

YEARS

  
19\_\_ - 19\_\_

DEGREE

  
19\_\_ - 19\_\_

PROFESSION / OCCUPATION

FIRM / ORGANIZATION

POSITION

TITLE

BUSINESS ADDRESS

CITY / STATE / ZIP

TELEPHONE

FAX



**APPLICATION**

מכללה ירושלים



**MICHLALAH  
JERUSALEM COLLEGE**

U.S. OFFICE: FRIENDS OF MICHLALAH • 9 SUTTON ROAD, MONSEY, N.Y 10952  
PHONE: 845.356.0664 • FAX: 845.356.0787 • EMAIL: MICHLALAHUSA@AOL.COM

**P E R S O N A L   S T A T E M E N T**

Use this page to give a description of yourself. This should be your own sincere and candid statement that will help our Committee on Admissions gain an understanding of you as a person. You might include such information as the influences that have most shaped your life, e.g. teachers, events, family, Rabbi; what you do for relaxation; why you would like to attend Michlalah next year; plans for the future; or anything else you think important.

You may write or type in Hebrew or in English and may use separate sheets. Your statement will be kept in strict confidence.

Lined area for writing the personal statement.

DATE: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

