

**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**I N F O R M A T I O N   F O R M**

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

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## PERSONAL INFORMATION

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

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



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FAMILY NAME

FIRST NAME

MIDDLE NAME

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

TELEPHONE

CELL

FAX

EMAIL

DATE OF BIRTH

COUNTRY OF BIRTH

SCHOOL / YESHIVA EDUCATION

YEARS

DEGREE

UNIVERSITY EDUCATION

YEARS

DEGREE

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FAMILY NAME

FIRST / MIDDLE NAME

MAIDEN NAME

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

TELEPHONE

CELL

FAX

EMAIL

DATE OF BIRTH

COUNTRY OF BIRTH

SCHOOL / YESHIVA EDUCATION

YEARS

DEGREE

UNIVERSITY EDUCATION

YEARS

DEGREE

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

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SECONDARY EDUCATION

ADDRESS

YEARS

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

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

COLLEGE / UNIVERSITY

ADDRESS

YEARS

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

SPECIAL INTERESTS OR HOBBIES



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FIRST / MIDDLE NAME

MAIDEN NAME

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STUDENT'S NAME: \_\_\_\_\_

SCHOOL: \_\_\_\_\_ GRADE: \_\_\_\_\_

	BELOW AVG.	AVERAGE	GOOD	V. GOOD	EXCELLENT TOP 15%
זהירות והקפדה בשמירת מצוות	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Academic ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Academic achievement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Academic motivation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Accepts personal responsibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chesed and community involvement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Consideration for others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Consistency of performance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Contributes to class discussion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Critical and questioning attitude	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Derech Eretz	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Disciplined work habits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotional maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Energy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Flexibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interest in religious growth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Involvement in school activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Midot	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Modesty in attire	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Outgoingness and friendliness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pursuit of independent study	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reaction to setback	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Religious growth potential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Respect accorded by faculty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Respect accorded by peers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-confidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sense of humor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Warmth of personality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

COMMENTS: \_\_\_\_\_

SIGNED BY: (PLEASE PRINT) \_\_\_\_\_ POSITION: \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_



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**טופס הערכת בית הספר**

טופס זה ימולא על ידי דיקן בית הספר או על ידי המנהל בעברית או באנגלית.

לדיקן או למנהל:

גב' \_\_\_\_\_ הצידה את מועמדותה כתלמידה במכללה.  
נודה לך אם תסייע לנו בהחלטתנו הסופית ע"י מסירת מידע עליה מידע זה יישמר בסודיות מוחלטת.

יכולת המועמדת כתלמידה: \_\_\_\_\_

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

מקומה האקדמי בכתה: (מספר התלמידות בכתה ומקומה) \_\_\_\_\_

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

בגרות נפשית: \_\_\_\_\_

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

מצב הבריאות: (מיגבלות גופניות, בעיות רגשיות, תיאור מצב בריאות כללי) \_\_\_\_\_

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

הערות: (אפשר להוסיף מעבר לדף) \_\_\_\_\_

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

האם לדעתך המועמדת מתאימה ללמוד במכללה? \_\_\_\_\_

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

שם: \_\_\_\_\_ חתימה: \_\_\_\_\_

בית הספר: \_\_\_\_\_ תפקיד: \_\_\_\_\_

טלפון: \_\_\_\_\_ EMAIL: \_\_\_\_\_

כתובת: \_\_\_\_\_

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

תאריך: \_\_\_\_\_



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**S T U D E N T / P A R E N T M E D I C A L A F F I R M A T I O N**

*We, the undersigned, affirm that all the information in the attached medical report is accurate and reflects the true physical and emotional health of the applicant.*

*We have provided the medical report to the primary physician and included all other relevant information from any other physical or mental health professional that has treated the applicant in the last six years.*

NAME OF APPLICANT: (PLEASE PRINT) \_\_\_\_\_

APPLICANT SIGNATURE: \_\_\_\_\_

SCHOOL CURRENTLY ATTENDING: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

PARENT'S NAME: (PLEASE PRINT) \_\_\_\_\_

PARENT'S SIGNATURE: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

CELL: \_\_\_\_\_

COMMENTS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*Thank you for your cooperation.*



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**M E D I C A L   R E P O R T**

*To the examining physician: Your health evaluation is an essential part of the application for participation in a year of study in Israel. Please bear in mind that our mountainside campus is at an elevation of 3,000 feet. Also, walking tours, sometimes strenuous, are an integral part of our academic program. The final decision concerning the applicant's eligibility insofar as physical and emotional health are concerned, will be based on this report. Please make a complete examination with the program in mind. Please note: The health insurance company in Israel requires that this Michlalah medical form be filled out in order to issue coverage.*

1. NAME OF APPLICANT: \_\_\_\_\_

2. ADDRESS: \_\_\_\_\_

3. HEIGHT: \_\_\_\_\_ WEIGHT: \_\_\_\_\_ BLOOD PRESSURE: \_\_\_\_\_

	Normal	Abnormal		Normal	Abnormal
Eyes			Teeth, Gums		
Ears			Skin		
Nose			Scalp		
Throat			Glands		
Heart			Orthopedic		
Lungs			Posture, Feet		
Abdomen			Nervous System		
Hernia			Thyroid		
Nutrition			Scoliosis		
Other			Other		

4. Past or present illnesses, operations or severe injuries. Please give dates, complications and any residual symptoms:

A. Asthma, allergies, food allergies. Please record causative factors: \_\_\_\_\_

\_\_\_\_\_

B. Diabetes Mellitus: \_\_\_\_\_

\_\_\_\_\_

C. Eating Disorders: (i.e. anorexia, bulimia) \_\_\_\_\_

\_\_\_\_\_

D. Disorders of Menstruation: \_\_\_\_\_

\_\_\_\_\_

E. Migraine, severe headaches or dizzy spells: \_\_\_\_\_

F. Epilepsy, fainting spells: \_\_\_\_\_

G. Respiratory diseases: (chronic bronchitis, bronchiectasis, sinus disease) \_\_\_\_\_

H. Other: \_\_\_\_\_

5. Is applicant receiving any medication? If so, please attach a statement of such medication with dosage and directions for the counselor of the group to keep on file.

6. Please indicate any allergy to medication. (i.e. Penicillin, etc.)

7. Please give date of last tetanus injection. \_\_\_\_\_

8. Bearing in mind the various conditions imposed by an intensive foreign study program, (lengthy absence from home, adjustment to a foreign culture, changed living conditions, new social contacts) please give us your evaluation of the applicant's emotional stability.

9. To your knowledge, has the applicant been treated by a psychiatrist or psychologist?

No

Yes. Please elaborate on a separate sheet of paper indicating the condition, medication and suggestions for participation in the overseas program.

10. I have examined the above-named applicant and,

I consider her physically & emotionally qualified to participate in the year of study in Israel.

I do not consider her physically and emotionally qualified to participate in the year of study in Israel.

11. Comments: \_\_\_\_\_

NAME OF PHYSICIAN (PLEASE TYPE OR PRINT) \_\_\_\_\_

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

ADDRESS \_\_\_\_\_

PHONE \_\_\_\_\_ FAX \_\_\_\_\_



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**I M M U N I Z A T I O N   R E C O R D**

The following immunizations are required:  
**4 DPT, 4 OPV and 2 MMR.**  
 (Hepatitis immunization recommended.)

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

PHONE: \_\_\_\_\_

BIRTH DATE: \_\_\_\_\_

SCHOOL: \_\_\_\_\_

	DATE	DATE	DATE	DATE	DATE
DPT					
OPV					
MMR					
HBPV					
Tuberculin					
DT					
Other					

