



P.O. Box 329, Lawrence, NY 11559
 TEL: (516) 362-5000 | FAX: (815) 346 - 5895
 Info@MBRseminary.org
 www.MBRseminary.org

APPLICATION FOR ADMISSION

School Year 20____ / 20____

1. Name _____
LAST FIRST MIDDLE FULL HEBREW NAME

2. Current School _____

3. Home Address _____ City / State / Zip _____
 Home Phone _____ Cell Phone _____ Fax _____

4. Email Address _____

5. Date of Birth _____ Hebrew Date of Birth _____ Place of Birth _____

6. Social Security Number _____ - _____ - _____

7. **Father Name** _____ Occupation _____
 Business Name _____ Business Address _____
 Cell Phone _____ Business Tel: _____
 Email Address _____

8. **Mother Name** _____ Occupation _____
 Business Name _____ Business Address _____
 Cell Phone _____ Business Tel: _____
 Email Address _____

9. Please list other children in the family and the schools they presently attend:

NAME OF CHILD	AGE	SCHOOL
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

10. Name of Shul(s) to which your family belongs: _____
 Name the Rav of the Shul: _____

11. List all schools you have attended (starting with Elementary School)

NAME OF SCHOOL	ADDRESS	YEAR(S) ATTENDED	YEAR GRADUATED
1) _____	_____	_____	_____
2) _____	_____	_____	_____
3) _____	_____	_____	_____
4) _____	_____	_____	_____
5) _____	_____	_____	_____

12. List your summer activities in the past four years: _____

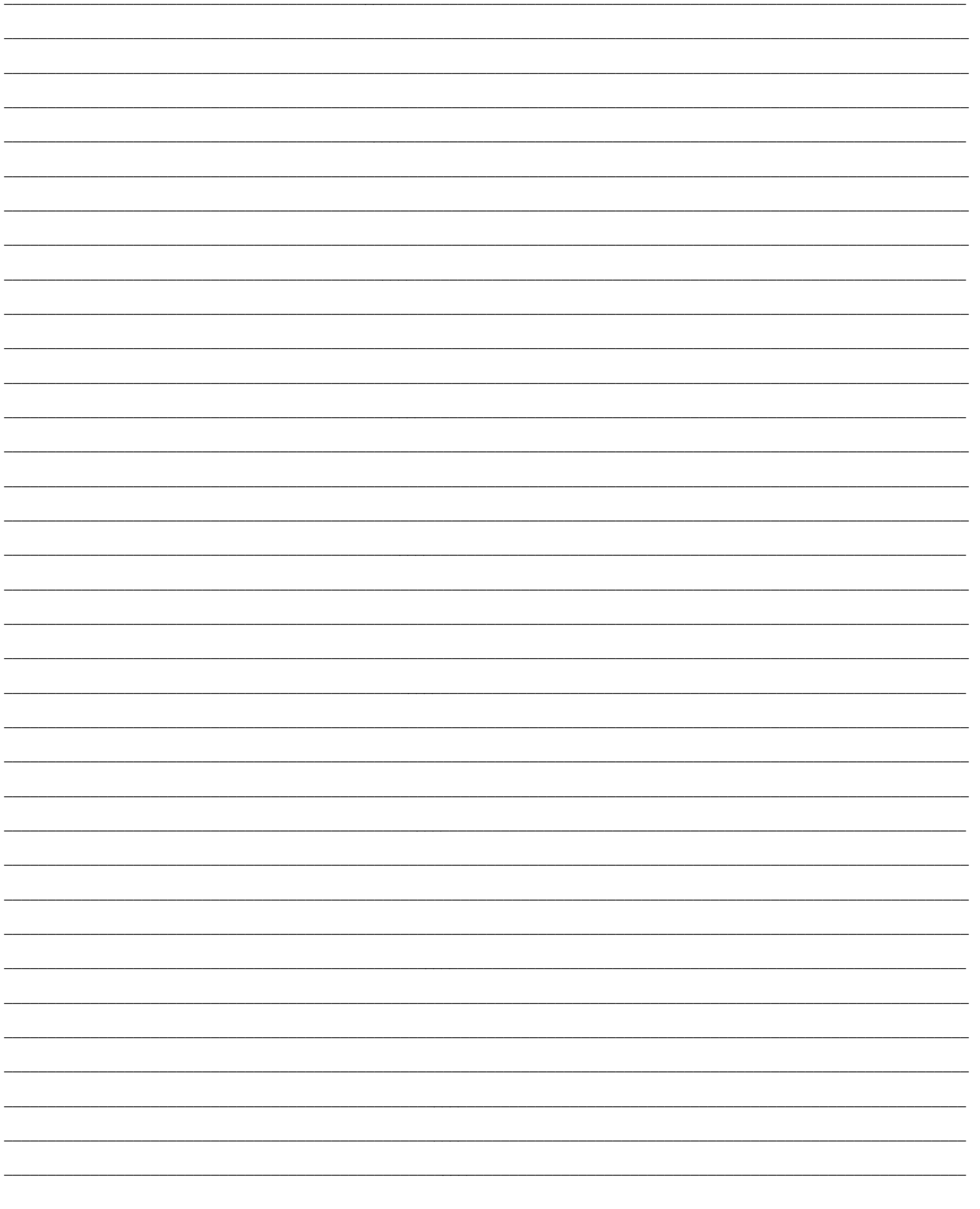
13. List your special talents and interests: _____

14. What are your reasons for wanting to learn in Machon Basya Rochel? _____

15. What plans are you considering for the future? _____

16. **FIRST YEAR STUDENTS ONLY:** Please write an essay containing the following information:

- A) A detailed personal biography
- B) Your goals for learning in seminary



Please submit the following information:

- 1) 1 Passport-sized picture with your name printed on the back
- 2) 2 letters of recommendation from 2 Limudei Kodesh teachers
- 3) Secular and Limudei Kodesh High School transcripts
- 4) Medical Form and Immunization Records
- 5) \$75 application fee, checks can be payable to Machon Basya Rochel

Signature of Applicant _____ Date _____

Return Application to:

Machon Basya Rochel Seminary
P.O. Box 329
Lawrence, NY 11559

Email: *Info@MBRseminary.org*

Phone: (516) 362 - 5000

Fax: (815) 346 - 5895