



נשמת • NISHMAT
מדרשה גבוהה ללימודי
תורה לנשים
ע"ש גיני שוטנשטין (ע"ר)

THE JEANIE SCHOTTENSTEIN
 CENTER FOR ADVANCED
 TORAH STUDY FOR WOMEN

רח' ברל לוקר 26 א', שכונת פת, ירושלים 93282 • טל': 640-4333 (02) • פקס: 640-4353 (02)
 26A Berel Locker St., Pat Neighborhood, Jerusalem 93282 • Tel: (02) 640-4333 • Fax: (02) 640-4353

Alisa Flatow International Program 2021-2022

Instructions:

- Please type or write clearly.
- Please email the **completed application form** and a **current photo** to office@nishmat.net.
- Please pay the application fee either online <https://nishmat.net/application/secure-2/> or by filling in the attached form.

If you have any questions regarding your application, please contact office@nishmat.net.

We look forward to receiving your application.

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Fees

Application Fee *	\$50
Tuition	\$8500

* Application fee will be deducted from the tuition cost.

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1. Name:	First	Last:	Hebrew:
Academic Year:		Date of Birth (dd/mm/yy):	
Current Address and Phone Numbers			
	Address:		
	Phone:	Cell:	
	Email:		
Permanent Address and Phone Numbers			
	Address:		
	Phone:	Cell:	
Citizenship (Please fill in ALL relevant information)			
	Nationality:	Passport Number:	
	Te'udat Zehut Number:	Date of Aliyah:	
Family Information			
Marital Status:			
(If relevant)	Spouse's Name:		Number of Children:
Father:	Name:	Hebrew Name:	Occupation:
	Address:		Nationality:
	Phone:	Email:	
Mother:	Name:	Hebrew Name:	Occupation:
	Address:		Nationality:
	Phone:	Email:	
Jewish Background			
What was the religion of your family growing up?			
Is/Was your father Jewish? <input type="checkbox"/> Yes <input type="checkbox"/> No		Is/Was your mother Jewish? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If you were not raised Jewish, are you Jewish today?			

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If you converted		
	Name of Rabbi who supervised and authorized your conversion:	
	Name of Beit Din:	
	City:	Date:
Medical Information (Confidential)		
	Do you have any medical conditions that affect your study at Nishmat? No__ Yes__	
	Is yes, please specify:	
	Are you taking any medications? No__ Yes__ Specify:	
	Are you under a doctor's care? No__ Yes__ Specify:	
	Are you receiving mental health counseling? No__ Yes__ Specify:	
	Psychiatric care? No__ Yes__ Specify:	
Present Occupation		
	Occupation:	
	Place of work:	
	Position:	
Education		
High School	Name:	Year Graduated:
	City	
College	Name:	Year Graduated:
	Major	City:
Other	Name:	Year Graduated:
	Major	City:

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12. Jewish Education, if different from answer above		
School	Name:	Year Graduated:
	Address:	
School	Name:	Year Graduated:
	Address:	
What synagogue or minyan do you attend?		
Name:		Rabbi:
City:		
14. Please provide us with a name and contact information of someone who can provide a personal reference for you:		
Name:		Email:
Cell Phone:		Landline:
15. How did you hear about Nishmat?		
Brochure__ Alumnae__ Staff__ Web Site__ Other__ Please specify:		
Essay Questions , please answer on a separate sheet and attach.		
1. Summarize your personal Jewish history, including significant changes in your attitude or commitment toward Judaism, and your current practice of Halacha.		
2. What do you hope to gain by studying at Nishmat?		

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Learning Level (please select)								
Hebrew Reading Ability	<input type="checkbox"/>	I cannot read Hebrew	<input type="checkbox"/>	I can read Hebrew with vowels	<input type="checkbox"/>	I can read Hebrew without vowels	<input type="checkbox"/>	I read Hebrew fluently
Hebrew Comprehension	<input type="checkbox"/>	I cannot follow a class in Hebrew	<input type="checkbox"/>	I have limited understanding	<input type="checkbox"/>	I can follow a class in Hebrew	<input type="checkbox"/>	I understand Hebrew fluently
Reading/Understanding the text of Tanach	<input type="checkbox"/>	No prior experience	<input type="checkbox"/>	Limited prior experience (need the help of a tutor)	<input type="checkbox"/>	Capable of independent study	<input type="checkbox"/>	Advanced
Reading/understanding Rashi on Tanach	<input type="checkbox"/>	No prior experience	<input type="checkbox"/>	Limited prior experience (need the help of a tutor)	<input type="checkbox"/>	Capable of independent study	<input type="checkbox"/>	Advanced
Did you learn Gemara before?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No				
At what level did you learn Gemara?	<input type="checkbox"/>	Basic	<input type="checkbox"/>	Advanced				

Please sign that the information above is correct.

Signature of Applicant: _____ Date: _____

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PERMISSION TO CHARGE CREDIT CARD

PLEASE E-MAIL THIS FORM TO office@nishmat.net

Student's Name _____

Dates of attendance _____

Please charge _____ to this credit card as my deposit towards my bill for the Alisa Flatow International Program 2021-2022.

Credit Card Information:

1. Type of Card _____

2. Card number _____

3 additional digits on the back of the card _____

3. Expiration date _____

4. Cardholder's name _____

5. Cardholder's address _____

6. Cardholder's phone number _____

Cardholder's signature _____ Date _____

PLEASE NOTE THAT THIS INFORMATION IS KEPT IN YOUR FILE AS A GUARANTEE OF ALL PAYMENTS AND CHARGES AT NISHMAT.

YOUR CREDIT CARD WILL NOT BE CHARGED WITHOUT FIRST INFORMING YOU.

THANK YOU FOR YOUR COOPERATION.