APPLICATION REQUIREMENTS

- **Application for Admission.** Please use your full legal name as it appears on your Social Security card (foreign students use name on Passport).
- Include a copy of your Social Security card or passport.
- Your signature on all forms should be your legal first and last name in *script.*
- **Student Applicant Questionnaire**
- Copy of your high school *transcript* and diploma
- Copy of your Seminary Aleph transcript (for Seminary Bais applicants)
- 2 Letters of recommendation from your principal and Rabbi, to be sent directly to our office
- Personal Interview with the Dean after application is submitted. Please call for an appointment or E-mail dhlseminary@bethrivkah.edu

Original Forms should be mailed to:

Mrs. Chana Gorowitz, Dean  
ABRS, Division of Higher Learning  
310 Crown Street  
Brooklyn, NY 11225-3004  
Email: DHLSEMINARY@bethrivkah.edu  

We cannot accept fax copies. All emails must be clear and legible.

**FOR FOREIGN STUDENTS ONLY:**

Please see Information Regarding I-20 Student Visa

Students entering the U. S. on tourist visas will NOT be admitted.

**TUITION COSTS:** 2015/16 Tuition not yet finalized  
2014/15 was $7500.00 (US funds)  
(Does not include room and board)

- **Application Fee:** $75.00 -
- **Student Service Fee:**  
  - Sem Aleph $500*
  - Sem Bais $300*
- **Sem Bais Intensive Teacher Training Program (Optional)**  
  additional fee
- **Maalot Credit (Optional)**  
  additional fee

For additional information please contact Mrs. Yocheved Baitelman or Mrs. Zisel Gurevitz at our office 718 735-0400 x1120 or x1121 or email DHLSEMINARY@bethrivkah.edu.

*Please note: Student Service Fees will be reduced by $100.00 for Applicants who submitted completed applications and were interviewed by Tuesday, 4 Nissan, March 24, 2015*
APPLICATION FOR ADMISSION

Please indicate the Certificate Program and the semester for which you are applying (select one)

☐ ADVANCED JEWISH LEARNING ☐ APPLIED HEBRAIC AND JUDAIC STUDIES ☐ Fall 2015
☐ OVERVIEW OF JEWISH STUDIES ☐ NON-MATRICULATED ☐ Spring 2016

PERSONAL DATA [PLEASE TYPE OR PRINT CLEARLY]:

LEGAL NAME____________________________________________AKA____________________ HEBREW NAME____________________________

Last First

BIRTHDATE________________________________ HEBREW BIRTHDATE__________________ MAIDEN NAME ___________________________

SOCIAL SECURITY NUMBER _________________________ HOME PHONE __________________________ CELL# _________________________

STUDENT’S EMAIL _____________________________________________ PARENT’S EMAIL______________________________________________

PERMANENT HOME ADDRESS __________________________________________________________

PLACE OF BIRTH ______________________      ARE YOU A U.S. CITIZEN? ☐ YES ☐ NO (IF NO, COMPLETE NEXT SECTION)

COUNTRY OF CITIZENSHIP__________________________________ COUNTRY OF RESIDENCY______________________________

☐ ALIEN REGISTRATION NUMBER____________________________ ☐ VISA TYPE____________________________________

PLEASE LIST ALL HIGH SCHOOLS ATTENDED (MOST RECENT FIRST)

<table>
<thead>
<tr>
<th>NAME OF SCHOOL</th>
<th>LOCATION (CITY, STATE)</th>
<th>GRADES</th>
<th>☐ DATE GRADUATED</th>
<th>☐ Anticipated Graduation Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>Month ________ Year _______</td>
<td></td>
</tr>
</tbody>
</table>

LIST ALL POSTSECONDARY SCHOOLS YOU PREVIOUSLY ATTENDED OR ARE CURRENTLY ENROLLED IN (INCLUDE SEMINARIES, COLLEGES & VOCATIONAL SCHOOLS).

<table>
<thead>
<tr>
<th>SCHOOL</th>
<th>LOCATION</th>
<th>FROM</th>
<th>TO</th>
<th>CREDITS / DEGREE EARNED</th>
</tr>
</thead>
<tbody>
<tr>
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</tr>
</tbody>
</table>

APPLICANT SIGNATURE ____________________________ DATE ____________________________

FOR OFFICE USE ONLY:

ACCEPTED______ REJECTED______ DATE____________________ CONFIRMED BY__________
Student Applicant Questionnaire

Family Information
Last Name: _____________________________________________ First Name ________________________________________________
Hebrew Name:__________________________________________ Mother’s Hebrew Name _________________________________
Applicant’s Email ______________________________________ Cell Phone ____________________________________________
Father’s Email ________________________________________ Mother’s Email ______________________________________
Father’s Name______________________________________ Occupation ____________________________________________
Mother’s Name __________________ Mother’s Maiden Name________________ Occupation ____________________________
Home Address _______________________________________________________________________________________

Brothers: Older ____ Younger ____ Sisters: Older ____ Younger ____ Are any of your siblings married? ________
Was your mother born Jewish? ___Yes ___No If “no” Please enclose a copy of your mother’s conversion papers.
Were you born Jewish? ___Yes ___No If “no” Please enclose a copy of your conversion papers.

Social
Do you have a Mashpia? ______________

Did you arrange or participate in extra curricular activities? If yes, please specify.__________________________________________

Where did you spend you summers since 9th grade?
________________________________________________________________________________________________________

Academic
High Schools Attended______________________________________________
Seminary Attended________________________________________________

What is your favorite subject in high school? ________________________
What is your strongest subject in high school? ________________________
What is your weakest subject in high school? ________________________

Semit Bais Applicants Are you interested in Intensive Teacher Training? ________________

On the back of this page please write a paragraph on why you would like to attend Beth Rivkah DHL and what your expectations are (i.e. Chassidishkeit, academics, socially).
Student Health Declaration

Student’s Name ________________________________________ Email Address ________________________

Student’s Home address ______________________________________________________________________

Student’s Hebrew Name __________________________ Mother’s Hebrew Name _______________________

Medical Insurance Information (Valid in New York) - ________________________________________________

Do you have a Dor Yeshorim #? Yes ___________ No ______________

Do you have frequent headaches or migraines? ___________________________________________________

Do you have any allergies?__________ If yes, please specify _________________________________________

Do you have any eating limitations?__________ If yes, please specify ______________________________________

Do you take any medications? __________ If yes, please specify _______________________________________

Do you have or have a history of health issues or illnesses?__________________________________________

Did you ever need psychological or psychiatric attention?__________________________________________

Family Physician _______________________________________ Phone# ________________________________

Emergency Contact _____________________________________ Phone# ________________________________

Emergency Contact in Crown Heights ________________________________ Phone# _______________________

I hereby authorize Beth Rivkah to make all decisions concerning Emergency Medical Treatment

Student’s Signature ___________________________________ Cell # ________________________________

Parent’s Signature ___________________________________ Cell# ________________________________

PLEASE COMPLETE THE ENCLOSED
STUDENT IMMUNIZATION RECORD FORM
IT MUST BE SIGNED BY STUDENT/PARENT AND PHYSICIAN
NEW IMMUNIZATION REQUIREMENT FOR STUDENTS
ATTENDING A NEW YORK STATE SCHOOL OF HIGHER EDUCATION

Dear Students and Parents,

In accordance with New York State Public Health Laws, every student attending an institution of higher learning must submit the Meningitis Response Form and proof of immunity against measles, mumps and rubella prior to registering for classes.

PLEASE NOTE THAT THE NYS BOARD OF HEALTH MAY ISSUE A $2,000.00 FINE FOR EACH STUDENT WHO DOES NOT HAVE A RECORD OF IMMUNIZATIONS ON FILE!

Enclosed please find the Associated Beth Rivkah, DHL Student Immunization Record Form. Please fill it out as follows:

PART I MENINGITIS RESPONSE FORM refers to the meningococcal meningitis immunization (menomune or menectra).
If the student is under 18 years old, the parent must fill this out and sign it.
If the student is 18 years old or older, the student must fill it out and sign it.

If your daughter is 18 years old or older and is not at home to sign, please return this form to our office after the doctor fills out his portion regarding the measles, mumps and rubella, and your daughter can complete this section and sign it when she comes to Beth Rivkah.

PART II refers to the measles, mumps and rubella immunity, either with the immunizations, history of illness (this does not apply to rubella), or through immunization proven through serologic (blood) testing.

If the student is in the process of completing the requirements of these immunizations, she needs a certificate of immunization proving that she has received at least one dose each of the live measles, mumps and rubella virus vaccines and has an appointment to return to the health practitioner for the 2nd dose of the live measles virus vaccine within 90 days of the first measles vaccine.

Please take care of this matter as soon as possible.

STUDENTS WILL NOT BE ADMITTED TO ORIENTATION WITHOUT A COMPLETED IMMUNIZATION FORM (see attached), SIGNED BY THE STUDENT/PARENT AND DOCTOR.

Thank you in advance for your cooperation,

Sincerely,

Yocheved Baitelman
DHL Office
STUDENT IMMUNIZATION RECORD FORM

Name: ______________________________________ Date of Birth: ___/___/____ Last 4 digits Social Security # ___ ___ ___

Home Address ____________________________________________________________________________________________

Home Phone #: ______________________________________ Student’s Cell Phone# _________: __________________

Student’s E-mail _____________________________________ Parent’s Email ____________________________________

Part I – MENINGITIS RESPONSE FORM - to be checked, completed and signed by the student (or parent if student is under age 18)

____ I have had the meningococcal meningitis immunization (Menomune) within the past 10 years Date___________

____ I will obtain immunization against meningococcal meningitis within 30 days

from my private health provider.

____ I have read, or have had explained to me, the information regarding meningococcal meningitis disease. I understand the risks of not receiving the vaccine. I have decided that I will not obtain immunization against meningococcal meningitis disease.

Student / Parent Signature: __________________________________________ Date ______________________

Part II – Vaccination record to be completed and signed by a licensed health care provider.

<table>
<thead>
<tr>
<th></th>
<th>MEASLES</th>
<th>MUMPS</th>
<th>RUBELLA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vaccination dates (Two doses required for measles or MMR)</td>
<td>Dose 1:</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Dose 2:</td>
<td></td>
</tr>
<tr>
<td>Scheduled date for Dose 2 of measles or MMR</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Disease History (date of onset)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Serology date and result (Include copy of lab report)</td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

I certify that the above information is correct.

Health Care Provider Signature ______________________________________ Date ______________________

Printed Name and Title __________________________________________ Phone ______________________

Address __________________________________________ Date ______________________
Information Concerning Student Financial Aid

Federal Student Aid is available only to matriculating students who are United States citizens or Permanent Residents (Green Card) and have a high school diploma.

Application for Federal Student Aid (FAFSA) is done online, at www.fafsa.ed.gov.

The Federal School Code for Associated Beth Rivkah Schools, DHL is 011208.

**PLEASE NOTE:**

NAME OF STUDENT ON FAFSA AND ALL DOCUMENTS MUST BE EXACTLY AS IT APPEARS ON SOCIAL SECURITY CARD

**PLEASE BE SURE TO SUBMIT A COPY OF STUDENT’S SOCIAL SECURITY CARD WITH APPLICATION FOR ADMISSION**

When completing the FAFSA, it is strongly recommended that you use the “Link to IRS Option” rather than completing the information on the FAFSA from your 1040.

We are no longer able to accept a signed copy of your 1040 as proof of your income. If you do not use “Link to IRS” option, you will have to complete Form 4506T so the IRS will send us a Transcript of your 1040. (This process can take up to 2 months—therefore it is preferable that you Link to IRS).

If you have already submitted your FAFSA please submit a copy of your Student Aid Report to DHLSeminary@bethrivkah.edu

For assistance in completing the FAFSA you may contact Mrs. Zisel Gurewitz at (718) 735-0400 ext. 1121, or by email at DHLSEMINARY@bethrivkah.edu.