

Associated Beth Rivkah Schools - Division of Higher Learning

310 Crown Street, Brooklyn, NY 11225

Student Applicant Questionnaire 2019/2020 5780 page 1 of 2

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 your summers since 9th grade?

Academic

Are you applying for Seminary Aleph _____ Seminary Bais _____

High Schools and years 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? _____

Sem Bais Applicants

Are you interested in Intensive Teacher Training? ___ Yes ___ No If yes, please request and submit a **Teacher Training Application**.

Are you interested in training for teaching adult education? ___ Yes ___ No This option is open regardless of whether you do Intensive Teacher Training or not.

On the attached 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).

