



Division of Higher Learning
Associated Beth Rivkah Schools

310 Crown Street
 Brooklyn, New York 11225
 (718) 735-0400 Fax: (718) 735-0422

Dear Teacher Training Applicant שחתי,

Teacher Training Application

Thank you for your interest in the Beth Rivkah Teacher Training Program. We trust that the high level of knowledge and skills that you will gain through this program will prove invaluable in your future role as a teacher.

Attached you will find the application form.

When completed, please email it to DHLSeminary@bethrivkah.edu.

Your Teacher Training application will be processed ONLY after receipt of:

- Your completed application packet including \$100 application fee
- An interview with Morah Chana Gorovitz
- Skills assessment test with Mrs. H. Gurwitz
- High School transcript and diploma
- First semester seminary transcript

If you wish to apply for a scholarship for Teachers Training Elementary, please note the following:

- Full application must be submitted by כ"ה ניסן / May 5th 2019.
- Comprehensive exam (Date to be announced)

Please note fees for Intensive Teacher Training for 2019-2020 are as follows:

Intensive Teacher Training Early Childhood: \$1400.

Intensive Teacher Training Elementary: \$1900.

We wish you continued *hatzlacha*.

Mrs. Chana Gorovitz
 Dean

Mrs. Hindy Gurwitz
 Teacher Training Director
HGurwitz@Bethrivkah.edu
 718-735-0400 #1129

ASSOCIATED BETH RIVKAH SCHOOLS,
DIVISION OF HIGHER LEARNING
TEACHER TRAINING PROGRAM
APPLICATION 2019-2020 / 5780

PERSONAL DATA

NAME _____ EMAIL _____

ADDRESS: _____

TELEPHONE NUMBER _____ CELLPHONE NUMBER _____

THE BEST WAY TO REACH YOU: Home Phone Cell Phone Email**EDUCATIONAL BACKGROUND**

HIGH SCHOOL ATTENDED _____

CURRENT SEMINARY ENROLLED _____

EMPLOYMENT FOR THE COMING YEAR (IF APPLICABLE)

EMPLOYER _____ PHONE # _____

DAYS _____ HOURS _____

RESPONSIBILITIES _____

PREFERENCES**WHAT AREA IN TEACHING WOULD YOU LIKE TO CONCENTRATE ON THIS YEAR?**GRADE LEVEL: PRESCHOOLELEMENTARY: 1-3 4-5 6-8

STUDENT'S NAME

4. *What do you expect to give and receive in this program?*

5. *What are your concerns in joining this program?*

6. *Describe your experiences in working with children (please include age and location)*

X _____
Applicant signature

Date
