



**Application for 2009**

**General Information:**

Name (as it appears on passport):

First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

Name you prefer to be called (if different): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone number: (H) \_\_\_\_\_ (Cell) \_\_\_\_\_

Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Citizenship: \_\_\_\_\_ Passport Number: \_\_\_\_\_

Father's Full Name: \_\_\_\_\_

Occupation: \_\_\_\_\_

Address (if different then above): \_\_\_\_\_

Phone number: (Work) \_\_\_\_\_ (Cell) \_\_\_\_\_

Email: \_\_\_\_\_

Mother's Full Name: \_\_\_\_\_

Occupation: \_\_\_\_\_

Address (if different then above): \_\_\_\_\_

Phone number: (Work) \_\_\_\_\_ (Cell) \_\_\_\_\_

Parental Marital Status: \_\_\_\_\_

Email: \_\_\_\_\_

Names and Ages of Brothers and Sisters: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Indicate which parent (or both) we can "cc" on correspondence:**

**Father:** \_\_\_\_\_ **Mother:** \_\_\_\_\_ **Both:** \_\_\_\_\_

**Personal Information:**

1. Have you visited Israel in the past? If so why and for how long?

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2. If you had to define your Jewish state of mind, would you consider yourself (circle/ highlight one):

Satisfied   Questioning   Inspired   Challenged   Dis-satisfied   Turned Off

3. Growing up, what was your Jewish affiliation?

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4. What kind of Jewish experiences have you had? (circle those that apply)

EXPERIENCE	NAME OF PROGRAM	YEARS ATTENDED
Day School/Yeshiva		
Summer Camp		
Youth Groups		
After School		
Jewish Trips		
Other		

5. Please list extra curricular activities & hobbies that you have been involved in

(Activities and affiliations in addition to above; Sports, Youth Groups, Clubs etc) : \_\_\_\_\_

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6. List any additional Achievements (Awards, Certifications, memberships):

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7. Please rate the following between 1-5. **1= Poor 3 =Average 5 = Excellent**

My knowledge of Hebrew:

Reading	1	2	3	4	5
Writing	1	2	3	4	5
Speaking	1	2	3	4	5
Understanding	1	2	3	4	5

**Educational Background:**

School Name	Years Attended

8. Preexisting medical/mental condition (please specify): \_\_\_\_\_  
 \_\_\_\_\_

9. Medications taken regularly: \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent's signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Essay:**

**Please submit 2 essays of which 1 must be *handwritten* (minimum one page) from the following topics:**

1. I have decided to spend the coming year in Israel because...
2. If I had to choose the question that most challenges me as a Jew it would be...
3. An event that had a powerful influence on you...

**Letters of Recommendation, References:**

Please forward two letters of recommendation, at least one of which is from a Rabbi or Jewish educator who has known you for a period of at least one year.

Please ask those who write letters of recommendation to include:

- a. the name of the organization they represent; and
- b. an address, phone number and email for any follow-up questions.

**Please list two additional references with Contact info:**

1. **Name:** \_\_\_\_\_ **Tel:** \_\_\_\_\_ **E-mail:** \_\_\_\_\_  
 Nature of the relationship with the applicant: \_\_\_\_\_
2. **Name:** \_\_\_\_\_ **Tel:** \_\_\_\_\_ **E-mail:** \_\_\_\_\_  
 Nature of the relationship with the applicant: \_\_\_\_\_

**Kindly Scan and email or fax application along with:**

- High School transcript
- Recent photo (scan & email)
- R75 non-refundable application fee

**To:**

**Email:       office@orayta.org**

**Fax:           +972 -2- 627- 3875 (ISRAEL)**

**Payment of R75:**

Credit Card Number: \_\_\_\_\_

Exp. Date: \_\_\_\_\_

Name on Card: \_\_\_\_\_

Name of applicant: \_\_\_\_\_

**NOTE:** To ensure prompt receipt and response please e-mail us at [office@orayta.org](mailto:office@orayta.org) to inform us your application has been sent.