



Application for 2010

General Information: **Date:** _____

Name (as it appears on passport):

First _____ Middle _____ Last _____

Name you prefer to be called (if different): _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Phone number: (H) _____ (Cell) _____

Email: _____

Date of Birth: _____

Place of Birth: _____ Citizenship: _____

Social Security Number: _____

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) _____

Email: _____

Parental Marital Status: _____

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

Father: _____ **Mother:** _____ **Both:** _____

7. What is your favorite book? _____
8. What is your favorite movie? _____
9. 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

8. Pre-existing medical/mental condition or learning difficulties (please specify):

9. Medications taken regularly: _____

Essay:

Please submit a *HANDWRITTEN* (not typed) essay (minimum two pages) on the following topic:

What are the three questions/issues that most challenge you about: 1) being Jewish, 2) your experience with Jewish education thus far, 3) living a daily Torah life. Elaborate on any conclusions you have entertained as possible solutions to these questions/issues.

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:

- the name of the organization they represent, and
- their 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: _____

Student Signature: _____ Date: _____

Parent's signature: _____ Date: _____

Kindly scan and email / or fax / or mail application and essay, along with:

- **High School transcript** (can be student copy)
- **2 recent passport or digital photos**
- **R75 application fee (non-refundable)**

To:

Email: office@orayta.org

Fax: 011-972-2-627-3875 (ISRAEL)

Payment of R75:

Type of Card: _____

Credit Card Number: _____

CV2 Security Code (3 or 4 digit): _____

Exp. Date: _____

Name on Credit Card: _____

Name of Student Applicant: _____

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