

Moreshet Learning Retreats

Application for Admission

Please indicate the session you wish to attend:

Location: _____ Dates: _____

Dates and Locations are found on the web at <http://www.mlfretreats.com/locations.htm>

Introductory information (please print clearly)

1. Applicant's Name _____
Last First Middle Initial Hebrew Name

2. Address _____

3. Permanent Address (if different) _____

4. Phone (day) _____ (evening) _____ (Mobile) _____

5. Phone at Permanent Address (if different) _____ Email Address _____

6. Social Security _____ Date of Birth _____

7. Marital Status: Single Married Divorced Separated

8. Were you ever in Israel? _____ Dates _____

Reason for visit _____

9. Was your mother born Jewish? Yes No Was your father born Jewish? Yes No

If no, please explain _____

10. Father's Name _____ Phone (work) _____ Phone (home) _____

Father's Address _____

11. Mother's Name _____ Phone (work) _____ Phone (home) _____

Mother's Address _____

12. Parent's Marital Status: Married Divorced Separated

Education:

13. Present Occupation, if not attending College _____

14. Name of Employer (if applicable) _____

15. Brief Job Description: _____

16. List chronologically all the schools you have attended:

Name of School Secondary Schools	Location	Dates if Attendance	Graduation Date and Degree Awarded
Jewish Schools (if not included above)	Location	Dates if Attendance	Graduation Date and Degree Awarded
College or University	Location	Dates if Attendance	Graduation Date and Degree Awarded

Hebrew Language	Not at all	Minimal	Average	Very well or fluent
Read				
Speak				
Understand				

17. Have you ever studied (please check all that apply): ___ Bible; ___ Hebrew Literature; ___ Jewish History; ___ Talmud; ___ Other Judaic Subject Matter

18. If you checked any of the subjects above, what did the course consist of, and where did you take the course?

19. Languages spoken at home _____

20. Activities and Outreach Organizations in which you have participated _____

21. Have you participated in any Neve program in the past? If So which?

22. Are there any special characteristics of your medical history that would affect your ability to participate in the program? If so please describe _____

23. If you are taking, or have taken in the past (on a protracted basis) any medication for any aspect of your health, please indicate: _____

23. Do you have any accessibility requirements or physical limitations or restrictions? _____

24. List two persons that can serve as references for you:

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

25. How did you hear about the Moreshet Learning Retreats? _____

I hereby affirm that all of the information included in this application is correct to the best of my knowledge, and that I have read and agree to the terms and conditions of tuition payment.

Date

Signature of Applicant