

דרישה

DRISHA INSTITUTE

Dr. Beth Samuels High School Program

Application for Summer Program, June 28 - July 29, 2016

Please be sure to complete all three pages.

Name: _____

Date of Birth: _____ Place of Birth: _____

Address: _____

Home phone: _____ Student cell: _____

Student email: _____

Parents/guardians names (including title): _____

Parents' marital status: _____ With whom does the student live? _____

Parent cell: _____ Alternate cell: _____

Parent email: _____

Current school: _____ Grade: _____

List all elementary and high schools attended including supplementary schools of Jewish studies:

School	Location	Dates attended
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List major extracurricular or communal activities in which you participated with special attention to Jewish-related activities:

List academic honors received, including scholarships, prizes and honor societies:

Please describe any special circumstances, conditions or information that should be taken in to account in considering your application.

Personal statement

On a separate piece of paper, please describe why you are interested in attending the Dr. Beth Samuels High School program (in 250 or more words).

Recommendation

Please indicate who will be completing the two attached recommendation forms. At least one form should be completed by a recent teacher, ideally for Judaics.

1. Name: _____ Your relationship to this person: _____

Telephone: _____ Email: _____

2. Name: _____ Your relationship to this person: _____

Telephone: _____ Email: _____

I certify that the information on this form is accurate and complete to the best of my knowledge.

Applicants signature: _____ Date: _____

Parents/guardians signature: _____ Date: _____

Please send this application with a \$20 non-refundable registration fee to Drisha Institute, 5th floor, 37 W 65th St NY, NY 10023. Applications can also be emailed to ghoch@drisha.org or faxed to 212-595-0679. After receipt of the application, our director, Gila Bieler-Hoch, will be in touch with you to schedule a virtual interview.