דרישה

DRISHA INSTITUTE FOR JEWISH EDUCATION

Dr. Beth Samuels High School Program

Application for Summer Program, June 27 - July 28, 2017

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:	Gra	ıde:	
List all elementary and high schools attended including supplementary schools of Jewish studies:			
School	Location	Dates attended	

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

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 in no less than two paragraphs why you are interested in learning on the Dr. Beth Samuels High School program.

<u>Photo</u>

With your application please include a recent photo of yourself. (As an email attachment or hard copy) with your application

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 <u>shechtkoller@drisha.org</u> or faxed to 212-595-0679. After receipt of the application, our Director of Communal Engagement, Shira Hecht-Koller will be in touch with you to schedule a virtual interview.