Yeshiva University’s All-Day Learning Program is for students interested in exclusively engaging in high-level Torah study. With three full sederim daily, including a bekius track and specialized chugim, this program offers a unique opportunity to intensively engage Torah study while closely interacting with YU roshei yeshiva and rebeime. Participants are incorporated into the kollel seder in the afternoon and interact as well as with students in the BA/Semicha program.

**How To Apply**

To apply to the All-Day Learning Program, students must:

- Have already been accepted to Yeshiva College or Sy Syms School of Business-Wilf Campus.
- Complete this application form.
- Solicit one confidential letter of recommendation from an individual who can speak to your character, as well as growth, achievements and future potential in learning. Recommendation letters can be mailed, faxed or emailed.

**If You Are Applying**

If you are applying from outside of Israel

- Send application and all supporting documents to:
  Yeshiva University  
  Office of Admissions  
  500 West 185th Street, F101  
  New York, NY 10033  
  Phone: 646.592.4440  
  Fax: 646.390.1816  
  email: yuadmit@yu.edu

If you are applying from Israel

- Send application and all supporting documents to:
  Yeshiva University in Israel  
  S. Daniel Abraham Israel Program  
  40 Baruch Duvdevani  
  Jerusalem, Israel 94428  
  Phone: 02.531.3020  
  Fax: 02.531.3021  
  email: sdaip@yu.edu
APPLICANT DATA

Legal Name __________________________ Last Name __________________________ First Name __________________________ Middle Initial/Name __________________________

Preferred Name __________________________ Hebrew Name __________________________

Date of Birth __________________________ YU ID# __________________________

Home Address __________________________ Mailing Address (if different) __________________________

Number and Street __________________________ Number and Street __________________________

City __________________________ State __________________________ Zip __________________________

City __________________________ State __________________________ Zip __________________________

Phone __________________________ Israel Cell __________________________

Phone __________________________

Email __________________________

Please list all schools and yeshivos that you have attended.

<table>
<thead>
<tr>
<th>Current Yeshiva</th>
<th>Location</th>
<th>Date Attended</th>
<th>Rebbeim</th>
</tr>
</thead>
<tbody>
<tr>
<td>Previous Yeshiva (if applicable)</td>
<td>Location</td>
<td>Date Attended</td>
<td>Rebbeim</td>
</tr>
<tr>
<td>High School</td>
<td>Location</td>
<td>Graduation Year</td>
<td>Rebbeim</td>
</tr>
</tbody>
</table>

With which shul are you affiliated?

<table>
<thead>
<tr>
<th>Shul</th>
<th>Location</th>
<th>Rabbi</th>
</tr>
</thead>
</table>

LEARNING, ACTIVITIES AND INTERESTS

Please list which mesechtos you have learned in the past two years. Indicate which blatt were covered b’iyun and which b’bikiyus:

___________________________________________________________________________________________________________________

___________________________________________________________________________________________________________________

___________________________________________________________________________________________________________________

Please list relevant extracurricular activities:

___________________________________________________________________________________________________________________

Describe your summer activities:

___________________________________________________________________________________________________________________

___________________________________________________________________________________________________________________

Please share with us why you are interested in participating in the All-Day Learning Program and why you think this program is appropriate for you:

___________________________________________________________________________________________________________________

___________________________________________________________________________________________________________________

___________________________________________________________________________________________________________________

___________________________________________________________________________________________________________________

REQUIRED SIGNATURE

This certifies that all information contained in this application is complete, accurate and prepared to the best of the applicant’s ability.

SIGNATURE OF APPLICANT __________________________ DATE __________________________
This form is to be given to a person familiar with your qualifications. Please complete the top section of this form and give to a reference of your selection. Recommendations coming from within the United States should be mailed to the Office of Admissions in New York, faxed to 646.390.1816 or emailed to yuadmit@yu.edu. Recommendations coming from Israel should be mailed to the Yeshiva University Office in Jerusalem, faxed to 02.531.3021 or emailed to sdaip@yu.edu. Recommendations sent via email should include the same information that is requested on this form.

THE FOLLOWING INFORMATION TO BE COMPLETED BY THE APPLICANT

Last Name  First  Middle

Street Address

City  State  Zip  Home Phone Number

Date of Birth  Email Address

RECOMMENDATION

The above-named person is applying for admission to the All-Day Learning Program. Please comment on the candidate’s abilities and potential, his middos, hasmada and yiras shamayim. Kindly supply any additional information that might help the All-Day Learning Program committee understand why you think this talmid would be a good match for the program.

Signature

Print Name

Position

Organization

Address

Date