Yeshiva University

All-Day Learning Program Application Form
Information for All-Day Learning Program Candidates

Yeshiva University’s All-Day Learning Program is for students interested in exclusively engaging in high-level Torah study. With three full sedarim 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 rebbeim. 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 applied to Yeshiva College or Sy Syms School of Business-Wilf Campus.
- Complete this application form.
- Solicit two confidential letters of recommendation from individuals 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: 212.960.5277
  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 96428
  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

Number and Street ____________________________

City __________________________ State ____________ Zip __________

Phone __________________________ Israel Cell __________________________

Mailing Address (if different)

Number and Street ____________________________

City __________________________ State ____________ Zip __________

Please list all schools and yeshivos that you have attended.

Current Yeshiva __________________________ Location __________________________ Date Attended __________ Rebbeim __________________________

Previous Yeshiva (if applicable) __________________________ Location __________________________ Date Attended __________ Rebbeim __________________________

High School __________________________ Location __________________________ Graduation Year __________ Rebbeim __________________________

With which shul are you affiliated?

Shul __________________________ Location __________________________ Rabbi __________________________

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 __________________________
The following information to be completed by the applicant

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.

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
THE FOLLOWING INFORMATION TO BE COMPLETED BY THE APPLICANT

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