

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

Email

Mailing Address (if different)

Number and Street

City State Zip

Phone

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

Recommendation Form

All-Day
Learning Program



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

Date

Address

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