

RABBI ISAAC ELCHANAN THEOLOGICAL SEMINARY

an affiliate of Yeshiva University

Application for admission to

The Caroline and Joseph S. Gruss Kollel in Jerusalem

Type or print clearly except where instructed to sign.

Please answer all sections in English unless otherwise indicated.

Attach a recent & clear photograph of yourself

For the Academic Year 20_____ - 20_____

YU ID (if available): _____

1. Name: _____
Last LEGAL First Middle

2. Full Hebrew Name (in Hebrew): _____ בן

3. Father's English Name: _____ Mother's English and Maiden Name: _____

Father's Hebrew Name: _____ בן Mother's Hebrew Name: _____ בת

4. Social Security Number: _____

5. Current Mailing Address: _____
(If dormitory, give name and number) Number and Street Apt.# (if any) City State Zip Code

6. Permanent Address: _____
(If different than above) Number and Street Apt.# (if any) City State Zip Code

7. Cell Phone: _____ Home Phone: _____

Local Phone: _____ Email: _____

8. Date of Birth (mm/dd/yyyy): ____/____/____ Place of Birth: _____

9. Country of Citizenship: U.S. Other: _____ Israeli ID #: _____

If not a citizen of the United States, please indicate how long have you been in the U.S.? _____

United States Passport Number: _____

Canadian Passport Number: _____

10. Current Semikha Year (Please circle):

Attended Katz Kollel From _____ to _____

Semikhah received _____ Semikah expected _____
Month / Year Month / Year

11. Do you have a graduate degree? (Please circle): Yes No

If yes, please specify: _____

Are you currently enrolled in a graduate program? (Please circle): Yes No

If yes, please specify: _____

List the Shiurim you have attended the last four years (including current shiur and years(s)):

12. If you have never attended YU, please list previous Yeshiva and secular education and degrees earned: _____
