

Attach a recent & clear photograph of yourself

RABBI ISAAC ELCHANAN THEOLOGICAL SEMINARY
an affiliate of Yeshiva University

Application for the Kupietzky Kodshim Kollel

YU ID (if available):

For the Academic Year 20 - 20

1. Name: Last LEGAL First Middle

2. Current Mailing Address: Number and Street Apt.# City State Zip Code

3. Permanent Address: (If different from above) Number and Street Apt.# City State Zip Code

4a. Cell Phone: 4b. Home Phone: 4c. Email:

5. Semikha received Semikha expected Month / Year Month / Year

Are you planning to continue your studies in RIETS until you complete Semikha (Please circle): Yes No

If no, please explain:

If your Semikha is not from RIETS, please indicate from where/whom it was received:

6. A. Education: Are you currently enrolled in or have you attended a graduate school?

Please specify: Degree Earned:

B. Will you register and/or participate in this or any other outside studies for the coming semester?

Describe in detail:

C. Will you be employed during the coming semester? Please describe in detail:

D. Will you be enrolled in another kollel program for the coming year? Please indicate which kollel and describe your anticipated daily learning schedule:

7. For Married Students:

A. Wife's Name: Last (Maiden) First Middle

B. Wife's Profession :

C. List names and birthdates of children:

8. Give a brief statement indicating your reasons for applying to the Kollel, explaining your career interests and any other pertinent factors:

[Blank lines for statement]

Signature:

Date: