

ישיבה לרבנות פריטאריא

YESHIVA L'RABBONUS PRETORIA

APPLICATION FORM

PERSONAL INFORMATION

| | | | |
|------------------------|----------------|-------------------|-------------------------|
| Name in English | | שם בלה"ק | |
| English date of birth | Place of birth | | תאריך לידה עברי |
| Telephone | Fax | e-mail | |
| Passport: Nationality | Number | Valid Until | Social Security Number: |
| Residential Address: | | | |
| Parents' English Names | | שמות ההורים בלה"ק | |

ACADEMIC HISTORY

Provide information on all schools/yeshivos attended from grade one to present. If you were sent to a yeshiva as a shaliach, use last column to provide information on that shlichus.

| Name of School/Yeshiva | Location | Years Attended |
|-------------------------|------------------------------------|----------------|
| | | |
| | | |
| | | |
| | | |
| | | |
| Last Yeshivah Attended: | Full Address and contact numbers: | |
| Shlichus At: | Full Address and contact numbers:: | |

EXTRA-CURRICULAR ACADEMIC ACHIEVEMENT

List any special academic achievement in the field of לימוד התורה, whether material studied by heart, specialized training in some field (e.g. שחיטה or other). Be specific.

EXPERIENCE IN OTHER FIELDS

הפצת המעיינות: Where, when and in what form?

Other experience relevant to the programme. Be specific. Please include any Shlichus or Merkaz Shlichus that you have been involved in:

When looking ahead, do you see yourself tending toward any particular field of activity (e.g. שליחות, רבנות, חינוך)?

Do you have a חברותא with whom you are planning to come? Name and contact details: (He must apply separately.)

Please indicate why you have chosen to apply to our Mosad specifically.

REFERENCES: Provide the names of 3 people in positions of authority who can testify to your academic ability and character.

| | |
|-----------|-------------------------|
| Name: | Contact Details: Phone: |
| Position: | Fax: e-mail: |
| Name: | Contact Details: Phone: |
| Position: | Fax: e-mail: |
| Name: | Contact Details: Phone: |
| Position: | Fax: e-mail: |

| | |
|------------|-------|
| Signature: | Date: |
|------------|-------|

FOR OFFICE USE ONLY

Comments: