

Rabbi Yaakov Y. Greenberg, Menahel

Phone: 347-564-5969

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**SECTION 1- PERSONAL INFORMATION**

Last Name First Middle Initial Hebrew Name

Street Address Apt.# City State Zip

Home Phone Student’s Cell Phone E-mail

Social Security # Date of Birth Place of Birth

**SECTION 2- EDUCATION**

Elementary Schools

High Schools

College/Seminary Programs High School Hebrew Average English Average

List any awards, scholarships, etc. that you have received.

How did you spend the last three summers? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

List extra-curricular activities, hobbies, special abilities.

Are you applying for Seminary with College, or just Seminary? If college, which major are you interested in?

What are your afternoon plans for the upcoming year if not in college track?

**SECTION 3 – HEALTH INFORMATION**

Have you ever sustained any serious injury or suffered a serious illness? YES NO

If yes, please give details:

Have you ever undergone psychological treatment or professional counseling of any type? YES NO

If yes, please give details:

Are you currently taking medication? YES NO If yes, please give details:

**SECTION 4 - PARENT INFORMATION**

Father’s Name Address Home Phone Cell Phone

Occupation Business Address Business Phone Education/HS, Yeshiva, College

Mother’s Name Address Home Phone Cell Phone

Occupation Business Address Business Phone Education/HS, Yeshiva, College

Family Shul Name of Rav Parents’ Marital Status Number of Siblings

**SIBLINGS**

Name Age School/Occupation Name Age School/Occupation

Name Age School/Occupation Name Age School/Occupation

Name Age School/Occupation Name Age School/Occupation

Reference Name: Phone: Name: Phone:

***In order to gain a more complete understanding of our applicants, we request that you write a statement including your personal history, attitudes towards Yiddishkeit, future goals and any other information that you feel would be helpful to us in considering your application. Please use a separate sheet of paper.***

I hereby submit my application to Tiferes Bnos Yisroel and undertake to comply with all rules, regulations, and standards set by the school. I certify that all the statements made in this application are complete and accurate to the best of my knowledge. Should I leave early I understand that I will still be held accountable for the full amount of the year’s tuition, unless otherwise mutually arranged.

Signature Date

TUITION FOR THE 2024-2025 SCHOOL YEAR IS $7000.00.

$500 FEE DUE UPON REGISTRATION

Please submit your completed application form with the following items:

1. Two passport size photographs
2. Two letters of recommendation
3. Your official High School and/or Seminary transcripts
4. $100.00 non-refundable application fee payable to Tiferes Bnos Yisroel

If you are applying for the college track, there will be a separate college application and fee.

***If you have any questions, please contact Rabbi Greenberg on his cell at 347-564-5969.***

APPLICATIONS SHOULD BE SENT TO:

TIFERES BNOS YISROEL

85-26 117th Street

Richmond Hill, NY 11418

PLEASE NOTE RECEIPT OF APPLICATION DOES NOT GUARANTEE ACCEPTANCE.

UPON RECEIPT OF YOUR COMPLETED APPLICATION, YOU WILL BE CONTACTED TO ARRANGE AN INTERVIEW.