



Dear Applicant,

Please send your completed application to applications@hadraby.org or to our mailing address below. Along with the application please enclose the following:

- **REQUIRED:** 3 recent photos, passport size, with your name on the back.
- High school transcripts (Limudei Kodesh and secular).
- 2 letters of recommendations with contact information.
- A one page personal biography. Please include what you hope to gain from your seminary experience and your general ambitions.
- \$150 application fee payable to Hadrass Bais Yaakov Seminary.

After receipt of the above, the seminary will contact you regarding a personal interview/entrance exam.



Application

DATE OF APPLICATION

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Full Name :

Name as called: Current School:

Address, City, State, Zip:

Home Phone: Date of Birth:

Hebrew Birthday: Social Sec. #:

Father's Cell: Mother's Cell :

Father's email: Mother's email:

Father title & name: Yeshiva attended:

Father's occupation: Father's Firm:

Firm Address: Firm Phone:

Mother's Name: School attended:

Maiden Name: Mother's occupation:

Mother's Firm Firm Address:

Firm Phone: Seminary Mother attended:

Family Shul: Family Rov: Marital Status:

Maternal Grandparents:

Address: Phone:

Paternal Grandparents:

Address: Phone:

Please list all schools you have attended (including elementary)

Name of School:	Phone:	Grades Attended:
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Please list your summer activities of the past three summers:

	First Half	Position	Second Half	Position
9th :	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
10th :	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
11th :	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>



Siblings

Name	Age	School/Business	Grade/Position	Married
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

References: At least two should be teachers at your current high school.

Name	Relationship	Phone

Please list your special talents, skills and interests:

Do you have/had any medical conditions? ☐ Yes ☐ No

If yes, please give full details:

Do you have / had any medical condition that required medication? ☐ Yes ☐ No

Have you ever undergone professional counseling of any type? ☐ Yes ☐ No

If yes, please give full details:

What class or teacher inspired you most and why?

Do you know anyone who has attended Hadrass Bais Yaakov? If yes, who?

How did you hear about Hadrass Bais Yaakov ?

What plans do you have for the future?

I am requesting a place in the dormitory: ☐ Yes ☐ No

I hereby submit my application to Hadrass Bais Yaakov and if accepted, undertake to comply with all the rules, regulations and standards set by the Seminary.

Applicant's Signature:

Date:

Parent's Signature:

Date: