



## Application for Admission

Fill out application completely and either fax or mail to the office of the Yeshiva at:

**Mailto: Yeshiva Tiferes Menachem, Admissions office, 4823 Beach 48<sup>th</sup> Street, Sea Gate, NY 11224.**  
**Fax: (718) 333 – 2580**

All applications should be accompanied with a letter of recommendation as noted below. If you will be applying for financial aid please include the financial aid form as well.

**Date of Application:** \_\_\_\_/\_\_\_\_/\_\_\_\_

### Student's Information:

**Last name** \_\_\_\_\_ **First name** \_\_\_\_\_ **Hebrew name** \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone # (     ) \_\_\_\_\_ - \_\_\_\_\_

Fax # (     ) \_\_\_\_\_ - \_\_\_\_\_

E-mail address \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Place of Birth \_\_\_\_\_

U.S. Citizen \_\_\_\_\_ Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Marital status: [ ] single [ ] married [ ] separated [ ] divorced [ ] widowed

Employer name \_\_\_\_\_

Job title \_\_\_\_\_

Work Phone # (     ) \_\_\_\_\_ - \_\_\_\_\_

Business Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_



**Parent/Emergency Contact Information:**

**Father's name** \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone # (     ) \_\_\_\_\_ - \_\_\_\_\_

Employer \_\_\_\_\_

Phone # (     ) \_\_\_\_\_ - \_\_\_\_\_

Business Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Mother's name** \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone # (     ) \_\_\_\_\_ - \_\_\_\_\_

Employer \_\_\_\_\_

Phone # (     ) \_\_\_\_\_ - \_\_\_\_\_

Business Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Alternate contact in case of emergency** \_\_\_\_\_

Relationship \_\_\_\_\_

Phone # (     ) \_\_\_\_\_ - \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_



Tiferes Menachem requires a letter of recommendation together with 2 references with your application. They should know you well, but should not be related to you. They should include a Rabbi and/or a Jewish community leader.

**References:**

**Name** \_\_\_\_\_

Position \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone # (     ) \_\_\_\_\_ - \_\_\_\_\_

Fax # (     ) \_\_\_\_\_ - \_\_\_\_\_

E-mail address \_\_\_\_\_

**Name** \_\_\_\_\_

Position \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone # (     ) \_\_\_\_\_ - \_\_\_\_\_

Fax # (     ) \_\_\_\_\_ - \_\_\_\_\_

E-mail address \_\_\_\_\_

**Please state your Jewish educational background and experience:**

\_\_\_\_\_  
\_\_\_\_\_

**Please discuss briefly your motivation and goals for attending Tiferes Menachem:**

\_\_\_\_\_  
\_\_\_\_\_

**Please indicate how you first heard about Yeshiva Tiferes Menachem:**

\_\_\_\_\_  
\_\_\_\_\_