



Application for Admission

2016-2017

MENAHELES

Mrs. Ettie Rosenbaum

ACADEMIC DEAN

Dr. Leslie G. Klein

EXECUTIVE COMMITTEE

Rabbi Zev Katz

Mr. and Mrs. Marvin Itzkowitz

Mr. and Mrs. Shlomo Spetner

Dr. Aviva Weisbord

ENDORSED BY

Horav Moshe Heinemann, שליט"א

Horav Yaakov Hopfer, שליט"א

Horav Tzvi Hershi Weinreb, שליט"א

**6602 Park Heights Avenue
Baltimore, Maryland 21215**

410-358-3144 (t) ☎ 866-990-1983 (f)
info@maalotbaltimore.org 🌐 maalotbaltimore.org

APPLICATION CHECKLIST

- COMPLETE Entire Application - **Submit by Tuesday, July 5, 2016**
 - Israel Study Abroad Program Application Form (if applicable)
 - Medical Information Form
 - Two** Reference Forms
 - Photograph of Yourself
 - Official High School Transcripts
 - Official Seminary Transcripts (applicable to students returning from Israel)
 - Non-Refundable Application Fee: \$75 if submitted by Tuesday, July 5
\$100 if submitted after Tuesday, July 5
 - MAIL **all** of the above to MAALOT Baltimore 📍 6602 Park Heights Avenue 📍 Baltimore, Maryland 21215
- Submit Official ACT or SAT Score Reports (WITS/MAALOT SAT code: 5491)

GENERAL INFORMATION

Applicant Last Name _____ **Name Called By** _____
Hebrew Name _____ *Print clearly in Hebrew.* **Legal Name** _____

Social Security Number _____ - _____ - _____
Date of Birth ____/____/____ **Place of Birth** _____

Applicant Home Address _____
City/State/Zip _____ **County** _____ **Country** _____

Applicant Home Phone _____ - _____ - _____ **Applicant Cell** _____ - _____ - _____
Applicant Email _____

Applicant Home Address Same as Parent Address: Yes No / **U.S. Citizen:** Yes No / **Maryland State Resident:** Yes No
If address different, please give Parents' current address: _____

Father's Name and Title _____
Occupation _____ **Company** _____
Business Address _____ **Business Phone** _____ - _____ - _____
Father Cell _____ - _____ - _____ **Father Email** _____

Mother's Full and Maiden Name _____
Occupation _____ **Company** _____
Business Address _____ **Business Phone** _____ - _____ - _____
Mother Cell _____ - _____ - _____ **Mother Email** _____

Parents' Marital Status _____

In Which Shul Does Your Family Daven? _____

Name of Family Rav AND Telephone Number _____

I daven: Nusach Ashkenaz Nusach Sfard Nusach Sfardi - Aidut Hamizrach Nusach Ari

GENERAL INFORMATION continued

List all of the schools you have attended through high school:

Name of School _____
Address _____
Phone _____ - _____ - _____ Number of Years Attended _____

Name of School _____
Address _____
Phone _____ - _____ - _____ Number of Years Attended _____

Name of School _____
Address _____
Phone _____ - _____ - _____ Number of Years Attended _____

List your ACT scores. Scores: English _____ Math _____ Reading _____ Science _____ Writing _____
Date ACT Taken: _____

List your SAT Scores. Scores: Math _____ Reading/Writing _____
Date SAT Taken: _____

List your summer activities of the past 4 years:

20__ : _____ 20__ : _____
20__ : _____ 20__ : _____

What are your special talents or interests? _____

In which organizations have you participated during the past 4 years? _____

Describe your level of fluency with written and spoken Hebrew: _____

List the names and ages of siblings and the schools* they are attending:

Name of Sibling	Age	School Attending (*if married, where they live)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

FOR STUDENTS RETURNING FROM SEMINARY IN ISRAEL

Seminary Attended _____ Phone _____ - _____ - _____

Seminary Address _____

Did you secure your seminary credits through an Israel option program? Yes No

If yes, which program?

MAALOT/Gratz Hebrew Theological College (TI) NEVE/NCCRS Touro Stern
 CCAP ECE Other _____

TAPE PHOTOGRAPH HERE

INTERVIEW INFORMATION

At the discretion of the Menacheles, an applicant may be asked to come in for an interview and take a skills test. Based on test results, a student may be required to take a skills enhancement course as a pre-requisite for Kodesh classes. College credit will be given for this course.

Interviews are required for all Israel Study Abroad applicants.

TUITION

Seminary Program - Kodesh Tuition..... \$7,250

Seminary Program - Gratz Graduation Fee..... \$1,450

General Studies - Tuition..... \$180 per credit + applicable fees

General Studies - Gratz Graduation Fee..... \$36 per credit

NON-REFUNDABLE DEPOSIT REQUIRED UPON ACCEPTANCE..... \$750

SIGNATURES REQUIRED

I hereby submit my application to MAALOTBaltimore /Women’s Institute of Torah Seminary and certify that all information submitted with this application is complete and accurate to the best of my knowledge.

I understand and agree that the application fee and deposit are non-refundable under any circumstance.

Signature of Parent or Guardian _____ Dated _____

Signature of Student _____ Dated _____

MAALOT Baltimore/Women’s Institute of Torah Seminary, a Division of Neve Yerushalayim College, is accredited by The Association of Institutions of Jewish Studies and approved by the Maryland Higher Education Commission as a degree granting institution of higher learning.



MAALOT Baltimore
Women's Institute of Torah Seminary
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Applicant Medical Information

Applicant First and Last Name _____

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

If yes, please give details. _____

Are you presently receiving any medical treatment or taking any medications? YES NO

If yes, please give details. _____

Have you ever been seen by a mental health professional? YES NO

If yes, please give details. _____

Have you ever been treated for an eating disorder? YES NO

If yes, please give details. _____

Person to contact in the Baltimore area in case of emergency (other than parent).

Name _____ Phone _____ - _____ - _____
 Address _____
 Relationship to Applicant _____



MAALOT Baltimore

Women's Institute of Torah Seminary

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Applicant Reference Form

To the Applicant:

Fill in your name and address. Give this form, together with a stamped envelope, addressed to MAALOT, to the individual whose recommendation you are seeking, i.e. principal or teacher.

To the Reference:

The Admissions Committee finds candid evaluation helpful in choosing qualified students for our seminary.

Confidentiality:

Individuals given access to the materials are instructed to maintain strict confidentiality.

Applicant's Name _____

Address _____

City/State/Zip _____

Reference's Name _____

Title _____

Institution _____

Address _____

City/State/Zip _____

Telephone _____ Email _____

Capacity in which you have known applicant _____

Number of Years _____

	Excellent	Very Good	Good	Average	Below Average
Academic Ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Academic Achievement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Academic Creativity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Academic Motivation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Care in שמירת המצוות	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Character	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Contributes to Class Discussions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cooperation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Critical Thinking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Depth of Intellectual Interest	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Disciplined Work Habits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotional Maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Flexibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Modesty in Attire	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Outgoingness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal Initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reaction to Difficulty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Respect Accorded to Faculty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Respect Accorded to Peers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
School Contribution	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self Confidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sensitivity to Others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Warmth of Personality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

MAALOT Office Use Only

Comments:



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שנת לימוד בישראל Israel Study Abroad Program

GENERAL INFORMATION

Applicant First and Last Name _____

Date of Birth ____ / ____ / ____

Seminary Attending _____

Address _____

Phone _____ Email _____

ESSAY

Write an essay (approximately 150 words) describing your religious and academic goals. Please attach the essay to this form.

TUITION (ISAP Tuition and Gratz Application Fee paid directly to Gratz College)

Israel Study Abroad Program Tuition..... \$1,500

Gratz Application Fee..... \$50

NON-REFUNDABLE DEPOSIT REQUIRED UPON ACCEPTANCE..... \$750

(deposit applied towards 2017-2018 tuition)

SIGNATURES REQUIRED

I hereby submit my application for the Israel Study Abroad Program. I understand that my participation in the ISAP is contingent upon my acceptance to WITS/MAALOT. I understand that the application fee and deposit are non-refundable under any circumstance.

Signature of Parent or Guardian _____ Dated _____

Signature of Student _____ Dated _____

This program is ONLY for students continuing their studies at MAALOT Baltimore after Seminary in Israel.