



2215 East 23rd Street, Brooklyn, NY 11229
 TEL: 347-462-2445 info@ateresnaava.net
 RABBI ZECHARIAH WALLERSTEIN, FOUNDER
 RABBI LABEL LAM, MENAHEL
 MRS. DAPHNE HANSON, ADMINISTRATOR



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 any organizations in which you have been active during the past four years and any positions that you have held.

List extra-curricular activities, hobbies, special abilities. _____

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

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

Please indicate your knowledge in the areas listed below:

	Excellent	Good	Beginner		Excellent	Good	Beginner
Jewish History	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Rashi's Commentary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prayer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hebrew Language	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Halacha/Jewish Law	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Tanach/Bible	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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 IfM yes, please give details: _____

SECTION 3 - 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 Synagogue	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 Judaism, 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 Ateres Naava 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 2017-2018 SCHOOL YEAR IS \$6000.00

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 Ateres Naava
5. \$500.00 non refundable registration fee.

PLEASE NOTE RECEIPT OF APPLICATION DOES NOT GUARANTEE ACCEPTANCE. UPON RECEIPT OF YOUR COMPLETED APPLICATION, ALONG WITH THE OTHER REQUESTED ITEMS YOU WILL BE CONTACTED TO ARRANGE AN INTERVIEW.

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

APPLICATIONS SHOULD BE SENT TO:
ATERES NAAVA
2215 E. 23RD STREET
BROOKLYN, NY 11229