



2016 Application

Please fill out the below form. Upon completion, you will be asked to pay an \$180 deposit.

Personal Information.

First Name : _____

Last Name : _____

Email : _____

Address : _____

City : _____

State : _____

Zip : _____

Country : _____

Date of Birth : _____

Hebrew Name: _____

Name as it appears on Passport : _____

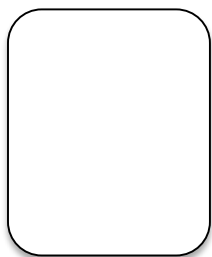
GOLDEN LEAVES INSTITUTE
 MISGAV LADAKH 33, JERUSALEM, ISRAEL 97500.
 TEL- 972-2-6273231 - CEL-972-50-9248866 - FAX- 972-2-6264465
 EMAIL: KASSIN.SAM@GMAIL.COM OR ABIBITTON@GMAIL.COM
WWW.GOLDENLEAVES.NET

Gender : _____

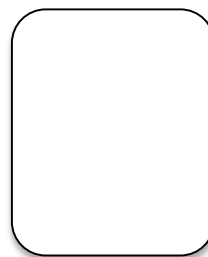
Home Phone : _____

Cell Phone : _____

1st Picture of Yourself



2nd Picture of Yourself



Family Information:

Father's Name : _____

Father's Address : _____

Father's City : _____

Father's State : _____

Father's Zip : _____

Father's Phone : _____

Father's Email : _____

Father's Occupation : _____

Mother's Name : _____

Mother's Address : _____

(If different from above, otherwise you may leave blank)

Mother's City : _____

Mother's State : _____

Mother's ZIP : _____

Mother's Phone : _____

Mother's Email : _____

Mother's Occupation : _____

Were either you or at least one of your parent's born in Israel?

If you are an Israeli citizen, what is your current status regarding military service?

Israel Emergency Contact : _____

Home Town Emergency Contact : _____

Please provide names and ages of siblings, as well as where they currently attend school and what Israel programs they have attended.

Family's religious affiliation: _____

Your current religious affiliation : _____

Name of synagogue : _____

Academic Information

Current or most recent school : _____

Years of Jewish day school : _____

Other High school(s) attended (include name and years):

Middle school(s) attended:

Other Jewish education (ex. Hebrew school): _____

American student only:

High school GPA : _____

SAT Verbal score : _____

SAT Math Score : _____

IMPORTANT TO ALL STUDENTS - Please have your school send your transcript directly to us via mail or email to the below address:

Email: Abibitton@gmail.com

English speaking proficiency : _____

English reading/writing proficiency : _____

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Hebrew speaking proficiency : _____

Hebrew reading/writing proficiency : _____

Extracurricular activities : _____

Leadership positions (include years held) : _____

Prizes/awards : _____

Work experience (include dates) : _____

What do you plan to do the year following participation on Golden Leaves Institute?

Which universities are you considering after Golden Leaves Institute?

Past trips to Israel:

Family Bar/Bat mitzvah NCSY Bnei Akiva USY Camp Ramah High School/Other

Other:

How did you hear about The Golden Leaves Institute?

Please let us know who recommended us to you.

What other gap year programs are you considering?

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Recommendations:

Please provide 3 references, including at least 1 rabbi/youth advisor and 1 teacher/Israel advisor.

Reference 1 _____

Relationship 1 _____

Reference 2 _____

Relationship 2 _____

Reference 3 _____

Relationship 3 _____

Financial Aid

I would like to be considered for the following financial aid options:

Need-based grant Academic grant JSU Wolfson grant Early Registration discount

Need-based grant will require submission of financial data

Medical Profile:

Height : _____

Weight : _____

Have you or any members of your immediate family ever suffered from: asthma, allergies, digestive tract disorders, blood disorders, cancer, heart condition, epilepsy, or other notable illness?

If yes, please describe:

Have you ever undergone surgery or had a prolonged illness?

If yes, please describe:

Have you or any members of your immediate family ever suffered from mental illness, emotional disturbance, depression, autism spectrum disorders, anxiety or eating disorders?

If yes, please describe:

Do you take any prescribed medications?

If yes, please describe:

Have you been diagnosed with a learning disability?

If yes, please describe:

Anything else you want to tell us about yourself:

Any questions please email:

Abibitton@gmail.com

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