



APPLICATION

CYS-College Bachelor's of Hebrew Letters (BHL) Application Form

Last Name:

First Name:

Middle:

■ Date of Birth: *(mm/dd/yyyy)*

■ Place of Birth:

Address in the USA:

City:

State:

Zip:

Current telephone(s):

Current email address:

■ Permanent address outside USA, if applicable:

City:

State:

Zip:

Country of citizenship:

■ Passport number:

Social Security number:

■ Visa type/number (if applicable):

EDUCATION

A. Secular Education

List all secular schools attended, from high school on, with years and dates of graduation, degrees or diplomas awarded, etc.

School:	Graduation date/year:	Diploma/degree:
<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"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Prospective students must arrange for transcripts or other evidence of prior academic work to be sent to the Academic Dean.

Describe and provide evidence for your level of competency in written and spoken English:

In what other languages are you competent?

B. Religious Education

List all religious schools attended, Yeshivas, Batei Midrash, etc., with years and dates of graduation, degrees or diplomas awarded, etc.

Yeshiva, Beis Midrash, etc.:	Graduation date/year:	Diploma/degree:
<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"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Describe and provide evidence for your level of competency in Hebrew:

EXPERIENCE/REFERENCES

Please provide a statement about your education background and goals:

Academic reference:

Phone:

Address:

City:

State:

Zip:

Personal reference:

Phone:

Address:

City:

State:

Zip:

Prospective students must arrange two letters of reference to be sent to the Academic Dean.

I am applying for the B.H.L. program with the Smicha option

Signature:

Date:

Send all application materials to:

Dr. Nathan Katz

Academic Dean

Chaim Yakov Shlomo College of Jewish Studies

9540 Collins Avenue

Surfside, FL 33154

U.S.A.