Dear Applicant,

Thank you for your interest in Bais Rivkah Seminary. Our goal is to provide our students with a challenging, comprehensive learning experience in a supportive Chassidishe environment.

Our curriculum is geared toward the future Akeres Habayis, Shlucha and teacher in this last generation of Galus and first generation of Geulah. Students in Bais Rivkah Seminary benefit from a variety of stimulating classes in Tanach, Halacha, Chassidus, and Education, as well as many other electives.

For those interested in teaching, we are proud to offer our new Intensive Teacher Training program where students are guided to be master teachers through high-level education courses and student teaching.

Complementing the academic challenge, the experience of living in the Rebbe’s Shchuna is a unique one, filled with Chassidishe inspiration and opportunities for community involvement and ההשפעה. Weekly Farbrengens with noted Mashpi’im and guest speakers, Seminary Shabbos meals, Shabbatons, and special in-school programs for הדפים יומיים help students remain immersed in Chassidishkeit as they begin assuming additional life responsibilities.

We at Bais Rivkah Seminary expect our students to recognize their privileges and responsibilities as the Rebbe’s daughters and take a proactive role in the areas of ההשפעה והפשיטה. Bnos Chabad, Bais Rivkah Production, the Inter-School Convention and other volunteer opportunities allow students to channel their learning and inspiration into Ma’aseh B’poel and make a difference.

Enclosed you will find the application packet you have requested for Bais Rivkah Seminary. We look forward to hearing from you and to sharing a wonderful year together.

With wishes for Bracha and Hatzlacha in all your endeavors,

Morah C. Gorovitz 
Dean

Mrs. H. Gurwitz 
Teacher Training Director
APPLICATION REQUIREMENTS

- Completed applications (please be sure to sign and date)
- Copy of your high school transcript and diploma
- Copy of your Seminary I transcript (for Seminary II students)
- Letter of recommendation from your principal and Rabbi, to be sent directly to our office
- Personal Interview with the Dean. Please call for an appointment or e-mail to DHLSEMINARY@bethrivkah.edu.

Forms should be mailed to:

Mrs. Chana Gorowitz, Dean
ABRS, Division of Higher Learning
310 Crown Street
Brooklyn, NY 11225-3004

FOR FOREIGN STUDENTS ONLY:
Please see Information Regarding I-20 Student Visa
Students entering the U. S. on tourist visas will NOT be admitted.

TUITION COSTS: $6300.00 (US) – Annual
  Application Fee: $50.00
  Tuition Fee does not include Evening Education Courses.
  Student Service Fee Seminary Aleph $300.00
  Student Service Fee Seminary Bais $100.00

Please note $100.00 of Student Service Fee will be waived for students registered by March 16, 2010.

For additional information, please contact Mrs. Yocheved Baitelman or Mrs. Zisel Gurevitz at our office at 718 735-0400 x1120 or 1121 or email DHLSEMINARY@bethrivkah.edu.
Information Concerning Student Financial Aid

Federal Student Aid is available only to matriculating students who are United States citizens or Permanent Residents (Green Card) and have a high school diploma.

In order to apply for Federal Student Aid, the student must complete a Free Application for Federal Student Aid (FAFSA). You can apply over the Internet at www.fafsa.ed.gov. Our school code is 011208.

- For assistance in completing the FAFSA or to obtain a FAFSA application you may contact Mrs. Zisel Gurewitz at (718) 735-0400 ext. 1121, or by email at DHLSEMINARY@bethrivkah.edu.

Information Regarding I-20 Student Visa

A student residing outside the United States, who is neither a US citizen nor possessing a “Green Card” should be aware that the Division of Higher Learning does not admit any student entering the United States on a tourist visa.

The student should apply to the school to receive an I-20 Visa. The application should be made well in advance of the student’s contemplated departure to the United States.

The student should observe the following procedures:

- Complete and sign a Division of Higher Learning Admission Application.
- Provide copies of High School transcript and diploma, immunization record and letters of recommendation.
- After the Dean has reviewed the application package, a personal interview with the Dean must be arranged. Phone interviews may be substituted for students that are unable to appear in person.
- After the student has been accepted, the following items should be submitted:
  - Full tuition obligation
  - Copy of student’s passport
  - “Letter of Support” indicating the name of the person who will be financially responsible for the student while she is attending Associated Beth Rivkah Schools, Division of Higher Learning
  - “SEVIS STUDENT REPORTING REQUIREMENTS” letter signed by student and parent

Once we receive all of the above, we will issue the I-20.

If the student has been accepted and needs the I-20 immediately, the I-20 can be sent by express courier service (DHL or FedEx). The student should fax (718735-0422) the necessary documents and wire her full tuition obligation plus the applicable fee for courier service to:

Banco Popular
539 Eastern Parkway
Brooklyn, New York 11216
Beth Rivkah Higher Learning
A.B.A. No. 026008811 Account No. 6801938199

Upon arrival in the United States, the student must submit a copy of her I-20, stamped by the INS, to the Division of Higher Learning SEVIS DSO (Designated School Official), Mrs. Sheindel Akselrod.

For assistance or additional information you may contact Mrs. Zisel Gurewitz or Mrs. Yocheved Baitelaman at 718 735-0400 extension. 1120 or 1121, or by email at DHLSEMINARY@bethrivkah.edu.
APPLICATION FOR ADMISSION

Please indicate the Certificate Program and the semester for which you are applying (select one)

☐ ADVANCED JEWISH LEARNING ☐ APPLIED HEBRAIC AND JUDAIC STUDIES ☐ Fall 201__
☐ OVERVIEW OF JEWISH STUDIES ☐ NON-MATRICULATED ☐ Spring 201__

PERSONAL DATA [PLEASE TYPE OR PRINT CLEARLY]:

NAME____________________________________ AKA________________________ HEBREW NAME________________________

LAST                                       FIRST

BIRTHDATE________________________________ HEBREW BIRTHDATE__________________ MAIDEN NAME ___________________________

SOCIAL SECURITY NUMBER _________________________ HOME PHONE __________________________ CELL# _________________________

STUDENT'S EMAIL _________________________________ PARENT'S EMAIL _________________________________

PERMANENT HOME ADDRESS ____________________________________________

PLACE OF BIRTH ___________________________ ARE YOU A U.S. CITIZEN? ☐ YES ☐ NO (IF NO, COMPLETE NEXT SECTION)

☐ COUNTRY OF CITIZENSHIP________________________________

☐ COUNTRY OF RESIDENCY________________________

☐ ALIEN REGISTRATION NUMBER________________________

☐ VISA TYPE________________________________________

PLEASE LIST ALL HIGH SCHOOLS ATTENDED (MOST RECENT FIRST)

<table>
<thead>
<tr>
<th>NAME OF SCHOOL</th>
<th>LOCATION (CITY, STATE)</th>
<th>GRADES</th>
<th>DATE GRADUATED</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

LIST ALL POSTSECONDARY SCHOOLS YOU PREVIOUSLY ATTENDED OR ARE CURRENTLY ENROLLED (INCLUDE SEMINARIES, COLLEGES & VOCATIONAL SCHOOLS)

<table>
<thead>
<tr>
<th>SCHOOL</th>
<th>LOCATION</th>
<th>FROM</th>
<th>TO</th>
<th>CREDITS / DEGREE EARNED</th>
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Indicate your language competency:

CLASSICAL HEBREW ☐ Total Fluency ☐ Reading Comprehension ☐ None

YIDDISH ☐ Total Fluency ☐ Reading Comprehension ☐ None

ENGLISH ☐ Total Fluency ☐ Reading Comprehension ☐ None

APPLICANT SIGNATURE ______________________ DATE ______________________

FOR OFFICE USE ONLY:

ACCEPTED_____ REJECTED_____ DATE_____________ CONFIRMED BY________
Family Information

Last Name: ___________________________________________ First Name ______________________________________

Hebrew Name: ___________________________ Mother’s Hebrew Name ___________________________

Applicant’s Email ___________________________ Cell Phone ___________________________

Father’s Name ___________________________ Occupation ___________________________

Mother’s Name ___________________________ Occupation ___________________________

Home Address __________________________________________________________________________

Brothers: Older ___ Younger ___ Sisters: Older ___ Younger ___ Are any of your siblings married? ___

Was your mother born Jewish? ___Yes ___No If “no” Please enclose a copy of your mother’s conversion papers.

Were you born Jewish? ___Yes ___No If “no” Please enclose a copy of your conversion papers.

Social

Do you have a Mashpia? _______________

Did you arrange or participate in extra curricular activities? If yes, please specify. __________________________________________

______________________________________________________________________________________

Where did you spend you summers since 9th grade?

______________________________________________________________________________________

______________________________________________________________________________________

______________________________________________________________________________________

______________________________________________________________________________________

______________________________________________________________________________________

______________________________________________________________________________________

Academic

High Schools Attended______________________________________________________________

Sernary Attended______________________________________________________________

What is your favorite subject in high school? ______________________________

What is your strongest subject in high school? ______________________________

What is your weakest subject in high school? ______________________________

Are you interested in Teacher Training? ______________________________

On the back of this page please write a paragraph on why you would like to attend Beth Rivkah DHL and what your expectations are (i.e. Chassidishkeit, academics, socially).
Student Health Declaration

Student’s Name ________________________________________________________

Student’s Home address ______________________________________________________________________

Student’s Hebrew Name __________________________ Mother’s Hebrew Name _______________________

Medical Insurance Information _________________________________________________________________

Dates of Immunizations:    MMR___________     ___________  OR/ Rubella ___________     ___________

Do you have a Dor Yeshorim #?       Yes ___________ No ______________

Do you have frequent headaches or migraines? ___________________________________________________

Do you have any allergies?_______________ If yes, please specify __________________________________

Do you have any eating limitations? ____________ If yes, please specify _______________________________

Do you take any medications? __________ If yes, please specify ______________________________________

Do you have or have a history of health issues or illnesses?________________________________________

Did you ever need psychological of psychiatric attention?__________________________________________

Student’s Signature ____________________________________________
TUITION PAYMENT AGREEMENT

Student’s Legal Name ____________________________________________________________

Parent’s Title and Name ___________________________ Last Name ______________________________

Home Address _________________________________________ E-mail ____________________________

City ____________________________ State ___________ Zip ____________ Country _______________

Home Phone _____-____-_______________________ Fax Phone _____-____-_______________________

Father’s Work Phone _____-____-_________________ Cell Phone _____-____-____________________

Mother’s Work Phone _____-____-_________________ Cell Phone _____-____-____________________

Father’s Employer and Address ___________________________________________________________

Mother’s Employer and Address ___________________________________________________________

Student’s Local Address __________________________________________________________________

Phone _____-______-_______________________ Cell Phone  _____-_____-_______________________

Emergency Contact ___________________________________________ Phone ____-____-___________

Family Physician _____________________________________________ Phone ____-____-___________

I hereby authorize Beth Rivkah to make all decisions concerning Emergency Medical Treatment ______________________________

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TUITION FEE DOES NOT INCLUDE EVENING EDUCATION COURSES and STUDENT SERVICE FEES
Schedule of fees: $6300. Annual Anticipated Pell Grant _____________

I agree to make tuition payment totaling $___________ in _____ installments @ __________per installment

Method of Payment: ( ) Post Dated Checks ( ) Credit Card ( ) Other _______________________

Visa___ MasterCard ___ American Express ___ Cardholder’s Name _____________________________

Credit Card# __________________________  Exp. Date _______ Signature ______________________

Please charge my Credit Card according to the following schedule:____________________________

_____________________________________________________________________________________

We have read the above and hereby agree to its terms and conditions.

Father’s Signature _______________________  Mother’s Signature _______________________

Approved by ______________________________ ABRS DHL Account # ______________