

Dear Applicant,

Thank you for your interest in Zimras Chaim Seminary. Enclosed you will find your application form for the year of 2024-25/ה'תשפ"ה.

In order for your application to be processed, it must be completed and sent with the following items:

- Completed and signed application
- Four photos of applicant with name on the back, attached with a paper clip
- High school transcripts (we reserve the right to request an end of term senior transcript)
- Principal's letter of recommendation (to be mailed directly to us by the high school)
- Teacher's letter of recommendation
- \$100 non-refundable registration fee, payable to Zimras Chaim Seminary

Application must be received no later than **December 26**; early submission is appreciated.

Applications should be mailed to Zimras Chaim Seminary, 140 Lehigh Ave, Lakewood NJ 08701

Applicant's information:

Current High School _____

Last Name _____

First Name _____

Date of Birth _____

Hebrew Date of Birth _____

Passport # _____

Social Security # _____

Home Address _____

City _____ State _____ Zip _____ Country _____

Home Phone Number _____ Email _____

Schools:

School _____ Address _____ Years Attended _____ to _____

School _____ Address _____ Years Attended _____ to _____

School _____ Address _____ Years Attended _____ to _____

Summer camps:

Name _____ Years Attended _____ to _____ Position _____

Name _____ Years Attended _____ to _____ Position _____

Name _____ Years Attended _____ to _____ Position _____

Family Information:

Father's Name _____

Father's Occupation _____

Yeshiva Father Attended _____

Father's Cell _____

Mother's Name _____

Mother's Maiden Name _____

Seminary Mother Attended _____

Mother's Occupation _____

Mother's Cell _____

Parents' Marital Status _____

Shul Affiliation _____

Rav of the Shul _____

Please list all other children in the family in order of age:

Name	Age	School and Seminary Attended
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please list any close friends or family in Israel:

Name	Address	Phone Number	Relationship
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please list any work experience/volunteer work that you have had:

Medical Information:

Do you have any chronic medical condition?

Are you presently receiving any medical treatment or therapy, or have you received any within the past five years? (if yes please specify)

Are you presently taking any medication (longer than 14 days)? Have you taken medications within the past five years? (if yes please specify)

Have you sustained any serious injury, undergone any operation, or suffered any illness? (if yes, please specify)

Do you suffer from any allergies? (if yes, please specify)

Do you require the use of an EpiPen?

Student Visas:

It is required by Israeli law to have a student visa while attending Zimras Chaim Seminary. The seminary will arrange this visa upon arrival to Israel.

Father's legal name _____ Date of birth _____
 Month Day Year

Mother's legal name _____ Date of birth _____
 Month Day Year

Mother's Maiden name _____ Does the applicant have an Israeli Passport? _____

Check if applies: ☐ Fathers Israeli Citizen ☐ Mother's Israeli Citizen

Registration Payment: -please check off one:

- ☐ Cash enclosed
- ☐ Check enclosed -please include applicant's name in the memo
- ☐ Bill my credit card
- **Please note, there is a 3% credit card processing fee.**

Cardholder's Name _____

Billing address _____ Zip _____

Credit Card # _____ Exp Date _____ Security Code _____

Submitting application:

By signing below, I certify that all statements in this application are complete and accurate to the best of my knowledge. I am aware that omitting or providing false or misleading information can jeopardize my enrollment in Zimras Chaim Seminary even after acceptance.

Student's signature _____ Date _____

Signature of Parent/Guardian _____ Parent/Guardian Name _____

Please be advised that the application will only be processed if the above section is completed.

Tuition and Payment Procedure:

The school year will be from September through June.

Cost of tuition including full room and board, excursions, and amenities for the seminary year of 2024-2025 is \$ 15,500.00. If you will not be participating with TTI/FAFSA, *This does not include airfare, registration, and mandatory medical insurance.*

Cost of tuition including full room and board, excursions, and amenities for the seminary year of 2024-2025 is \$17,000.00 if you will be participating with TTI/FAFSA. *This does not include airfare, registration, and mandatory medical insurance.*

Upon acceptance to Zimras Chaim Seminary an initial non-refundable deposit of \$5,000.00 is required. The deposit check can be split into two checks; a \$3,000 dated 3/18/24 and a \$2,000.00 dated 4/1/24.

College Credits/Financial Aid:

Zimras Chaim Seminary is affiliated with TTI; FAFSA funding may be available to those eligible for assistance.