



Abe M. & Geri Cohen Rabbinical College
 The Stephen Isaiah Ades Library
 Alia Azancot Stern Scholarship Fund
 Hasdei Leah Judeo-Spanish Leadership Training
 Max & Shirley Hidary Teacher Training College

Application for Admission to the Abe M. & Geri Cohen Rabbinical College

Beginning Term: _____ Fall 20__ Spring ____20__

First Name _____ Last Name _____ Middle _____

Full Hebrew Name (in Hebrew): _____

Mailing Address _____ City, State, Zip, Country _____

Permanent Address (if different) _____

Cell Phone _____ Home Phone: _____

Email: _____ Date of Birth (dd/mm/yyyy) _____

Place of Birth: _____ Country of Citizenship: _____

Marital Status: _____ Wife's Maiden Name: _____

Wife's Hebrew Name: _____

Children's Names and ages, if applicable _____

Father's English Name: _____ Father's Hebrew Name: _____

___ Kohen ___ Levite ___ Israelite

Mother's English Name _____ Mother's Hebrew Name _____

Mother's Maiden Name _____

Secondary School Attended

Name of School	City, State or Country	Dates Attended	Year of Graduation	Grade Point Average

Yeshivot Attended

Name of Yeshiva	City, State or Country	Dates Attended	Year of Graduation	Tractates Studied

Colleges of Yeshivas Attended

Name of School	City, State or Country	Dates Attended	Year of Graduation	Major	Grade Point Average

Please provide the name, address and phone number of the two people who will be submitting letters of recommendation on your behalf.

Name: _____ Address: _____
 Phone: _____

Name: _____ Address: _____
 Phone: _____

Please give a brief statement indicating your reasons for applying to the **Abe M. & Geri Cohen Rabbinical College** of the SSC, your career intentions and any other pertinent information.

Signature _____ Date: _____

Interviews will not be scheduled until the following materials have been received

- ___ Application
- ___ 2 recent passport photos
- ___ 3 Letters of recommendation (two from Rosh yeshiva and one from congregational rabbi)
- ___ \$25 Application Fee
- ___ official transcripts

Abe M. & Geri Cohen Rabbinical College
Request for Letter of Recommendation

Applicant Name: _____
Address: _____

Beginning Term: _____ Fall 20__ Spring ____20__

Dear Rabbi:

The above student is applying for admission to the Shehebar Sephardic Center Abe M. & Geri Cohen Rabbinical College. We would appreciate your input on this applicant. Please indicate how long you have known him, and whether you consider him a candidate for admission. We are interested in his Torah scholarship, his intellectual abilities, his ethical and moral character, and his commitment to Torah ideals and the observance of mitzvot. This recommendation will be kept in confidence.

Please write your recommendation below. You may use another sheet, if needed.

Print Name: _____ Title: _____
Signature: _____ Institution: _____
Date: _____

Recommendations may be emailed to ssc-ilm@netvision.net.il or faxed to 972.2.626.4465