



# Application for Admission 2024-2025

One Cedarlawn Ave., Lawrence, New York 11559  
**Phone:** 516-239-9002 **Fax:** 516-239-9003

**INSTRUCTIONS- Please read carefully.**

- 1 Payment of \$300 application fee is required. Applications will not be considered until the fee is paid.
  - We accept check, credit card (by phone or on <https://www.rayze.it/shoryoshuv-donate/>) and zelle ([simha@shoryoshuv.org](mailto:simha@shoryoshuv.org)) as payment. Please include a note that payment is for the application fee.
- 2 Applications can be emailed (as an attachment) to **applications@shoryoshuv.org** or faxed to 516.239.9003
- 3 A personal interview is required of all applicants. All personal information will be held in strict confidence.
- 4 All questions must be answered, and application signed and dated to be considered for acceptance.

1. Applicant's **LEGAL** Name

Last	First	M. I.	Name you are called
Last Name in Hebrew	First Name in Hebrew		Father's Name in Hebrew

Kohen  
 Levi  
 Yisroel

2a. Date of Birth	2b. Country of Citizenship	2c. Place of Birth

3a. Home Address	3b. City	3c. State	3d. Zip	3e. Home Phone

4a. Current Address (if different then above)	4b. City	4c. State	4d. Zip

5a. Student Email	5b. Student Cell	5c. SSN

List two people to contact in case of emergency:

Name	Relationship	Phone

  

Family Doctor	Address	Phone

Number of Siblings \_\_\_\_\_ Ages \_\_\_\_\_

7.

Father's Title & Name	<input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Deceased	Mother's Title & First Name	<input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Deceased	Maiden Name
Home Address (if different than above)		Home Address (if different than above)		
Occupation	Employer	Occupation	Employer	
Business Address & Telephone		Business Address & Telephone		
Father's email	Father's Cell	Mother's email	Mother's Cell	

8.

Paternal Grandparent's Name	<input type="checkbox"/> Living <input type="checkbox"/> Deceased	Maternal Grandparent's Names	<input type="checkbox"/> Living <input type="checkbox"/> Deceased
Home Address		Home Address	
Phone & Email Address		Phone & Email Address.	

9. In case of surrogate parent, please give name, address, relationship of custodian or guardian \_\_\_\_\_

10. Family Shul \_\_\_\_\_ Rabbi \_\_\_\_\_ Phone# \_\_\_\_\_  
 Address \_\_\_\_\_

11. How did you hear of Sh'or Yoshuv? \_\_\_\_\_

12. Please note any special needs or medical conditions \_\_\_\_\_

13. Do you have medical insurance? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please note type. \_\_\_\_\_

14. Where will you be living? Dorm \_\_\_\_\_ Home \_\_\_\_\_ Rent Room/Apt. \_\_\_\_\_

15. Meals you will eat in Yeshiva. All \_\_\_\_\_ Breakfast \_\_\_\_\_ Lunch \_\_\_\_\_ Dinner \_\_\_\_\_

16. Will you be attending College? No \_\_\_\_\_ Yes \_\_\_\_\_ Name of College \_\_\_\_\_

17. Name Of High School \_\_\_\_\_ Date of Graduation (Month/Year) \_\_\_\_\_

18. Name of College \_\_\_\_\_ Date of Graduation (Month/Year) \_\_\_\_\_

19. List in Chronological order all schools attended, High School, College, Yeshiva or Bais Medrash in Israel or elsewhere

Name of School, Address, Phone	From (mm/yy)	To (mm/yy)	Diploma

I have carefully reviewed all the information above and certify that all the information provided on this form is accurate, true, and complete to the best of my knowledge. I further certify that I have graduated from High School.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

## Essay

Please write a brief paragraph outlining your goals and reasons for attending Sh'or Yoshuv.

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## References

List 3 people, preferably Rebbeim and Teachers that can serve as character & educational references.

Name \_\_\_\_\_

Address & Phone \_\_\_\_\_

Relationship \_\_\_\_\_

Name \_\_\_\_\_

Address & Phone \_\_\_\_\_

Relationship \_\_\_\_\_

Name \_\_\_\_\_

Address & Phone \_\_\_\_\_

Relationship \_\_\_\_\_

## Tuition Charges

Application Fee	\$ 300
Registration	\$ 700
Tuition	\$ 11,000
Dorm/Meals	\$ 8,500
Meals for Non-Dorm Students	\$ 4,500

Dinner - Each family is obligated to give \$600 or solicit ads in that amount towards the Annual Dinner (payable by December 1, 2023). This amount entitles you to two dinner reservations and a full-page journal ad.

Building Fund – Each Family is obligated to pay \$3,000 over a three-year period towards the Building Fund.

## Withdrawals -

The **business office** (telling a Rebbe is insufficient notice) must be notified of a student's withdrawal thirty days prior to his leaving. Failure to do so will result in continuation of all charges for 30 days after receipt of such notification. If a student is asked to leave, he will incur all charges for 30 days after his dismissal.

Please specify below how you are planning to meet your financial obligations to the Yeshiva:

Parents:  Personal:  Other:  Scholarship\*:

\*Please contact the Sh'or Yoshuv office for a scholarship application.

I certify that if a scholarship is not requested with this application, and tuition is not settled completely, I accept full responsibility for payment of full tuition.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_