



FOXMAN TORAH INSTITUTE

Stein Bais Medrash

Ezaicher Nishmas R' Avraham Zev ben R' Moshe HaKohen

31 Maple Ave. • Cherry Hill, NJ 08002

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E-mail: Office@FTIYeshiva.org

www.FTIYeshiva.org

The Joy of Torah - For Life

APPLICATION FOR ADMISSION

Student's Name: _____

Student's Hebrew Name: _____

Social Security Number: _____

Date of Birth: _____

Place of Birth: _____

Home Address: _____

City: _____

State: _____

Zip: _____

Home Telephone: () _____

Cell: () _____

(Expected) High School Graduation Date: _____

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DIRECTIONS FOR COMPLETING APPLICATION

1. Complete all items clearly. (Use a separate paper if necessary.)
2. Completed forms should be either mailed, faxed, or emailed to:
FTI, 31 Maple Ave., Cherry Hill, NJ 08002
Fax 856.482.8235; E-mail: Office@FTIYeshiva.org

The admission process includes:

- A) Completed Application
- B) Student Interview
- C) Completed Enrollment Packet

SECTION TWO

30. Please list chronologically the Yeshivos you have attended starting with the most recent:

Name of School	Address and Phone Number	Dates of Attendance

31. Please provide information for the following references:

	Name	Address	Home Phone
A. Principal			
B. Current Rebbe			
C. Shul Rav			

SECTION THREE

32. How would you rate your ability to “make a *leining*?” Please elaborate.

33. What would you like to accomplish during your Bais Medrash years?

34. How have you spent the last two summers? State specifically which camps you attended. What do you plan on doing this summer?

35. List any allergies or food sensitivities.

36. List any special medical needs you may have (physical, social, emotional).

Do you take any medications? If yes, please list all.

SECTION FOUR - TO BE FILLED OUT BY APPLICANT'S PARENTS

FINANCIAL AID

Will the applicant's family require a financial aid application? Yes No

Each family applying for financial assistance MUST complete an application and submit all supporting documentation requested to be considered for any scholarship awards.

Signature of Applicant: _____ Date: _____

Signature of Parent: _____ Date: _____

Interview Date:

Interview Notes:

