



# FOXMAN TORAH INSTITUTE

## Stein Bais Medrash

*E'zaicher Nishmas R' Avraham Zev ben R' Moshe HaKohen*

31 Maple Ave. • Cherry Hill, NJ 08002

856.482.8230 • Fax 856.482.8235

E-mail: [Admissions@ftiyeshiva.org](mailto:Admissions@ftiyeshiva.org)

[www.ftiyeshiva.org](http://www.ftiyeshiva.org)

*The Joy of Torah - For Life*

## APPLICATION FOR ADMISSION

Student's Name: \_\_\_\_\_

Student's Hebrew Name: \_\_\_\_\_

Full Hebrew Name to be called up to the Torah: \_\_\_\_\_ Ben  Cohen  Levi  Yisrael

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Telephone: (     )     )     ) Cell: (     )     ) \_\_\_\_\_

**(Expected) High School Graduation Date:** \_\_\_\_\_

*Serving Cherry Hill and Greater Philadelphia*

### 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: [Admissions@FTIYeshiva.org](mailto:Admissions@FTIYeshiva.org)**

**The admissions process includes:**

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

## SECTION ONE

1. <b>Father's Name:</b> <input type="checkbox"/> Rabbi <input type="checkbox"/> Dr. <input type="checkbox"/> Mr.			2. Place of Birth:		
3. Occupation:			4. Business Name:		
5. Home Phone: (      )			6. Business Phone: (      )		
7. Cell Phone: (      )			8. Email Address:		
9. Home Address		Address:			
		City:		State:	Zip:
10. Business Address		Address:			
		City:		State:	Zip:
11. <b>Mother's Name:</b> <input type="checkbox"/> Dr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.			12. Place of Birth:		
13. Occupation:			14. Business Name:		
15. Home Phone: (      )			16. Business Phone: (      )		
17. Cell Phone: (      )			18. Email Address:		
19. Home Address (if different than above)		Address:			
		City:		State:	Zip:
20. Business Address		Address:			
		City:		State:	Zip:
21. Parents' Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Remarried <input type="checkbox"/> Widowed					
22. Paternal Grandparents:					
23. Address:					
24. Home Phone: (      )			25. Email Address:		
26. Maternal Grandparents:					
27. Address:					
28. Home Phone: (      )			29. Email Address:		
30. Sibling Information:					
Name(s)		Age	Grade	School	

## SECTION TWO

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

Name of School	Address and Phone Number	Dates of Attendance

32. Please provide information for the following references:

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

## SECTION THREE

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

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

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

36. List any allergies or food sensitivities.

37. 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

38. 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:

