



האוניברסיטה העברית בירושלים  
 THE HEBREW UNIVERSITY OF JERUSALEM  
 Rothberg International School ביה"ס לתלמידים מהו"ל ע"ש רוטברג  
 Department of Summer Courses המחלקה לקורסי קיץ  
 and Special Programs ותוכניות מיוחדות



ATTACH 2  
 PASSPORT  
 PHOTOGRAPHS  
 WITH YOUR  
 NAME AND  
 SIGNATURE ON  
 THE BACK

Name \_\_\_\_\_

## TRAUMA AND RESILIENCE APPLICATION FORM

### CHECKLIST FOR APPLICATION FORM

**Applicants must include the following information:**

1. Two (2) copies of the included application forms – completed and signed
2. Two (2) copies of the following supporting documentation:
  - (a) Motivation Essay (for guidelines see "Appendix A" at the back of this application form)
  - (b) Two (2) passport-sized photographs (attached to the top of this application form)
  - (c) A current Curriculum Vitae
  - (d) Official academic transcript (this must be an original or certified copy)
  - (e) One (1) academic reference from university lecturers (prescribed form attached at the back of this application form) OR if you are not a university student, a general letter of recommendation
  - (f) Medical Examination Report (attached at the back of this application form)
  - (g) Letter of consent from applicant's parents/guardians (if less than 18 years of age at time of application)
3. Non-refundable application fee of \$80US – see payment details below:
  - The \$80US fee is payable by *BANK CHEQUE* made out to the "The Hebrew University of Jerusalem" (note: personal cheques are NOT ACCEPTED)



**Applicants may include the following information:**

1. Academic Awards / Certificates; or
2. Any other documentation the student believes will enhance his/her application for financial assistance.

Once you have completed your application form, please send two (2) complete copies, including two (2) copies of all supporting documentation, to your assigned Student Liaison Officer:

**NSW, WA, QLD & ACT students, please return to:**

Student Liaison Officer  
Australian Friends of the Hebrew University, Jerusalem (NSW Division)  
Suite 2, Level 2, 25 Pelican Street, Darlinghurst NSW 2010  
Tel: 02 9267 7144 Fax: 02 9267 2148  
Email: [studynsw@austfhu.org.au](mailto:studynsw@austfhu.org.au) Web: [www.austfhu.org.au](http://www.austfhu.org.au)

**VIC, SA & NZ students, please return to:**

Student Liaison Officer  
Australian Friends of the Hebrew University, Jerusalem (Victorian Division)  
306 Hawthorn Road, Caulfield South VIC 3162  
Tel: 03 9272 5511 Fax: 03 9272 5510  
Email: [studyvic@austfhu.org.au](mailto:studyvic@austfhu.org.au) Web: [www.austfhu.org.au](http://www.austfhu.org.au)

**Application Deadline: 10 September 2011**

## SECTION A

### PERSONAL INFORMATION

Surname \_\_\_\_\_ Given names \_\_\_\_\_

Current Mailing Address \_\_\_\_\_  
\_\_\_\_\_

Telephone (Home) \_\_\_\_\_ (Work) \_\_\_\_\_

(Mobile) \_\_\_\_\_ (Email) \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Gender Male  Female

Country of Birth \_\_\_\_\_ Nationality on Passport \_\_\_\_\_

Passport Number \_\_\_\_\_ Valid Until \_\_\_\_/\_\_\_\_/\_\_\_\_

*(If you have an Israeli passport you must travel in and out of Israel on it. If unsure, check with the Israeli Embassy or Aliyah Shaliach)*

Do you currently hold Australian Citizenship? Yes  No

Do you hold Citizenship of another country? Yes  No

If Yes, which one? \_\_\_\_\_

Marital Status \_\_\_\_\_

Date(or planned date) of arrival in Israel? \_\_\_\_\_

### DORMITORY ACCOMMODATION

Are you interested in reserving accommodation at the University? Yes  No

Would you prefer accommodation with a fellow student who keeps Kosher/Shabbat? Yes

No

Doesn't matter



## EMERGENCY CONTACT DETAILS

### IN ISRAEL:

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_

### IN AUSTRALIA:

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_

## SCHOLASTIC / ACADEMIC BACKGROUND

### SECONDARY QUALIFICATIONS:

Name of School \_\_\_\_\_

Date of Graduation \_\_\_\_\_

### TERTIARY QUALIFICATIONS:

#### First Degree

Institution \_\_\_\_\_ Degree \_\_\_\_\_

Major areas of study \_\_\_\_\_

Number of years completed, including current year \_\_\_\_\_ Dates attended \_\_\_\_\_

Do you have a first degree or expect to receive one by the end of the academic year?

Yes  No



**Second Degree (if applicable)**

Institution \_\_\_\_\_ Degree \_\_\_\_\_

Major areas of study \_\_\_\_\_

Number of years completed, including current year \_\_\_\_\_ Dates attended \_\_\_\_\_

Do you have a second degree or expect to receive one by the end of the academic year?

Yes  No **Third Degree (if applicable)**

Institution \_\_\_\_\_ Degree \_\_\_\_\_

Major areas of study \_\_\_\_\_

Number of years completed, including current year \_\_\_\_\_ Dates attended \_\_\_\_\_

Do you have a third degree or expect to receive one by the end of the academic year?

Yes  No 

Please describe briefly your background and activities, such as business or professional experience, hobbies, special interests and extra-curricular activities.

*NOTE: If you require additional space – please use the reverse of this page***DECLARATION**

I have read the answers to the questions on this application form and solemnly affirm the completeness and correctness of every statement.

Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Signature (parent/guardian) \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_



## SECTION B

### APPLICATION FOR FUNDING

*Financial assistance is granted on the basis of academic merit, financial need or communal involvement.*

*Only students applying for financial assistance are required to complete Section B.*

### ACADEMIC ACHIEVEMENTS

Please list and explain any academic awards you have received:

Why do you feel you are an appropriate candidate to receive a scholarship assessed on the basis of academic merit?

Additional comments that you feel may be useful?

## FINANCIAL CIRCUMSTANCES

### HOW CURRENT EXPENSES ARE MET:

Parents	\$ _____
Scholarship	\$ _____
Own Earnings	\$ _____
Other	\$ _____
<b>TOTAL</b>	<b>\$ _____</b>

### FUNDS AVAILABLE FOR STUDY IN ISRAEL:

Parents	\$ _____	
Current Scholarship	\$ _____	Source _____
Own Earnings	\$ _____	
Other	\$ _____	
<b>TOTAL</b>	<b>\$ _____</b>	

Are you working? Yes  No  Where \_\_\_\_\_

How Often? \_\_\_\_\_



**Are you currently living at home?** Yes  No

Additional comments that you feel may be useful?

### FINANCIAL ASSISTANCE FROM PARENTS

IF YOU DO NOT RECEIVE **ANY** SUPPORT FROM YOUR PARENTS, PLEASE COMPLETE THE FOLLOWING:

I solemnly declare that I do not receive any financial support from my parents:

Signature of applicant: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Signature of parent/guardian: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
(if under 18 years of age)

### COMMUNAL INVOLVEMENT

Please list and explain any communal involvement (Jewish or broader community)

*NOTE: If you require additional space – please write on the reverse of this page*



## SECTION C

### FINANCE

*Only students applying for financial assistance are required to complete Section C.*

Have you applied to any other scholarship funds for this course?      Yes          No   

If yes, please provide details here: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you already received funding from other sources for this course?      Yes          No   

If yes, how much have you received? \$ \_\_\_\_\_

Have you ever received funding in the past from the Australian Friends of the Hebrew University?      Yes          No   

If yes, please provide details here: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What are your estimated costs to be incurred during your stay at the Hebrew University and how much financial assistance are you seeking?

ESTIMATED COSTS	ACTUAL (US\$)	REQUESTED (US\$)
<i>Tuition</i>		
<i>Accommodation</i>		
<i>Total</i>		

In what ways will the **Australian Friends of the Hebrew University** benefit from providing you with a grant of financial assistance?

## DECLARATION

I understand that assistance is given on the basis of academic merit, financial need or communal involvement. I have read the answers to the question in this application form and solemnly affirm the completeness and correctness of every statement. I understand that failure to provide accurate information may result in adjustment to any financial assistance that may be granted. Should I not comply either with the scholarship and/or subsidy criteria, as well as the university's policies and regulations, I understand that the financial assistance will retrospectively be considered a loan. This loan will be repaid to the Australian Friends of the Hebrew University in two annual instalments over a period of two calendar years from the time of my withdrawal from the program/course.

**NOTE: Should you be granted an academic subsidy, details of this subsidy must remain PRIVATE & CONFIDENTIAL.**

Signature of applicant: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Signature of parent/guardian: \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
(if under 18 years of age)

## APPENDIX A: Motivation Essay - Guidelines

Please attach your Motivation Essay on a separate page.

Your essay should address the following:

- How would your chosen area of study/ field of expertise in Australia prepare you for your nominated program of study at the Hebrew University (i.e. The Trauma and Resilience program)?
- Why do you feel that you would be a suitable candidate for acceptance into the Trauma and Resilience program?
- Please outline your most impressive academic, social, community activities/roles and leadership positions that would put you in the best position to be a Trauma and Resilience participant.
- How would the Hebrew University benefit from having you study abroad at the Rothberg International School?

**THE HEBREW UNIVERSITY OF JERUSALEM  
ROTHBERG INTERNATIONAL SCHOOL**

*Confidential Letter of Recommendation # 1*

Name of Applicant: \_\_\_\_\_

Name of Recommender: \_\_\_\_\_

Position and Title: \_\_\_\_\_

Institution: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

How long have you known the applicant? \_\_\_\_\_

In what capacity? \_\_\_\_\_

Please rate the applicant relative to other students in the same field in recent years:

<b>Academic Attributes</b>	<b>Excellent</b>	<b>Good</b>	<b>Fair</b>	<b>Poor</b>	<b>Unknown</b>
<i>Academic performance</i>	○	○	○	○	○
<i>Intellectual potential</i>	○	○	○	○	○
<i>Motivation</i>	○	○	○	○	○
<i>Capacity for research &amp; independent study</i>	○	○	○	○	○
<i>Written/spoken expression of ideas</i>	○	○	○	○	○
<b>Suitability for Study Abroad</b>	<b>Excellent</b>	<b>Good</b>	<b>Fair</b>	<b>Poor</b>	<b>Unknown</b>
<i>Adaptability</i>	○	○	○	○	○
<i>Self-reliance/independence</i>	○	○	○	○	○
<i>Tolerance</i>	○	○	○	○	○
<i>Ability to get along with others</i>	○	○	○	○	○

Using a separate university letterhead, please comment on the applicant's suitability for studying at the Hebrew University and living in Jerusalem.

Signature \_\_\_\_\_

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Please return in a sealed envelope to the applicant.



Australian Friends of the Hebrew University, Jerusalem Limited



**THE HEBREW UNIVERSITY OF JERUSALEM  
ROTHBERG INTERNATIONAL SCHOOL**

***Report of Medical Examination***

**Please note: We do not accept reports completed by a relative.**

**The applicant should complete this section.**

**PLEASE TYPE OR PRINT CLEARLY AND BRING A COPY OF THIS FORM WITH YOU TO JERUSALEM.**

Name of Applicant \_\_\_\_\_ Social Security Number \_\_\_\_\_

Please indicate the program to which you are applying \_\_\_\_\_

Address \_\_\_\_\_

E-mail Address \_\_\_\_\_

**The physician should complete the remainder of this report of medical examination.**

**To the examining physician** - Your health evaluation is an essential part of the application for participation in study abroad programs at the Hebrew University. We require a full physical examination. Please include results of your lab work on this report; do not submit lab reports with this evaluation.

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Gender \_\_\_\_\_

**Past or present illnesses (Please give dates, complications, and any residual symptoms):**

A. History of heart disease (valve disorders, congenital malfunctions, etc.) \_\_\_\_\_

B. Rheumatic fever (heart involvement) \_\_\_\_\_

C. Diseases of the digestive tract: (peptic ulcer; biliary tract disease, chronic or recurrent diarrhea, severe constipation, vomiting spells, hernia, appendicitis) \_\_\_\_\_

D. Respiratory diseases (tuberculosis, asthma, chronic bronchitis, bronchiectasis, sinus disease) \_\_\_\_\_

E. Urinary tract diseases (nephritis, nephrosis, calculi, recurrent bladder or prostatic disease, history of urinary tract infection) \_\_\_\_\_

F. Disorders of menstruation (give details) \_\_\_\_\_

G. Diabetes mellitus \_\_\_\_\_

H. Hypertension \_\_\_\_\_

I. Migraine or severe headaches (dizzy spells, strokes) \_\_\_\_\_

J. Epilepsy, fainting spells, history of head injuries \_\_\_\_\_

K. Muscle disease \_\_\_\_\_

L. Allergic diseases (hay fever, food allergies). Please record causative factors. \_\_\_\_\_

M. Chronic skin diseases \_\_\_\_\_

*Report of Medical Examination, continued*

**Student's Name** \_\_\_\_\_ **Social Security No.** \_\_\_\_\_

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N. Severe injuries \_\_\_\_\_

O. Operations (list operations and dates. If none, write "none") \_\_\_\_\_

P. Systemic disease (juvenile rheumatoid arthritis, lupus, erythematosis) \_\_\_\_\_

Please conduct a complete examination Height \_\_\_\_\_ Weight \_\_\_\_\_

	Normal	Deviation from Normal
Skin		
Eyes		
Ears		
Hearing		
Nose		
Teeth		
Heart		

	Normal	Deviation from Normal
Lungs		
Abdomen		
Tonsils		
Feet		
Spine		
Blood pressure		
Urinalysis (dipstick & microscopic, if indicated)		

List special dietary requirements (i.e., low sodium) \_\_\_\_\_

If the applicant is receiving any medication, please attach statement of such medication with dosage and directions to keep on file.

Bearing in mind the various conditions imposed by a foreign study program (lengthy absence from home, adjustment to a foreign culture, different living conditions, etc.), is the applicant emotional stable for study abroad?  Yes  No, please describe: \_\_\_\_\_

To your knowledge, has the applicant been treated by a psychologist or psychiatrist? In such cases, a supporting letter from the treating psychologist or psychiatrist may be requested.  No  Yes, please describe: \_\_\_\_\_

Restrictions on physical activity, including exercise in a fitness facility:

None  As follows: \_\_\_\_\_

I have examined the above-named applicant and consider him/her physically qualified to participate in study at the Hebrew University.

Name of Physician (please type or print) \_\_\_\_\_

Address \_\_\_\_\_

Signature of Physician \_\_\_\_\_ Telephone \_\_\_\_\_

License No. \_\_\_\_\_ Date \_\_\_\_\_