



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

GENERAL APPLICATION FORM

All applicants must complete Section A. Applicants then have the option to complete Section B. Applicants who complete Section B must then complete Section C.

CHECKLIST FOR APPLICATION FORM

Applicants must include the following information:

1. The attached forms, completed and signed
2. A statement of Purpose outlining your reasons for wishing to study at the University
3. Proof of payment of 80USD non-refundable application fee to the Hebrew University of Jerusalem
4. Three passport sized photographs
5. A current Curriculum Vitae
6. Official Academic Records. These must be originals or certified copies
7. Two academic references from university lecturers
8. Hebrew Proficiency Test (part 1 & part 2)
9. Medical Evaluation Form
10. Letter of consent from the applicant's parents / guardians (*If under 18yrs of age at age of application.*)
11. Housing Reservation Form (If Applicable) accompanied by a proof of payment of 75USD reservation fee to the Hebrew University of Jerusalem
12. A photocopy of all documents submitted in this application.

Applicants may include the following information:

1. Academic Awards / certificates (*Please limit to a maximum of TWO*)
2. Any other documentation the student believes will enhance his / her application.

Applicants may be required to attend an interview in person following the submission of their application. Please arrange a time for an interview with your local Student Liaison Officer when you submit these forms.

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 Web: 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 Web: www.austfhu.org.au

SECTION A

FILL OUT ALL FORMS IN **BLOCK** LETTERS. **DO NOT STAPLE** ANY FORMS OR DOCUMENTS PROVIDED
IN THIS APPLICATION.

This Section is Compulsory for all students

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 _____

COURSE INFORMATION

What course do you wish to undertake at the Hebrew University?

(You may tick more than one box if applicable)

Summer / Winter Courses:

Mishpatim

Conflict Resolution

Ulpan

Which Ulpan Program? _____

Undergraduate Studies:

One Semester Program

Mechina

One-Year Program

Freshman Program (GAP Year)

Graduate Studies:

Masters

Doctoral Studies

Post – Doctoral Studies

If your course is not listed above, please provide information below:

How long is your intended duration of study? _____

When is your intended study to take place? From _____ 20 ____ until _____ 20 ____

Please provide us with information about your proposed area of study

Why do you wish to study in your nominated field?

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 ____/____/____

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	\$ _____
TOTAL	\$ _____

FUNDS AVAILABLE FOR STUDY IN ISRAEL:

Parents	\$ _____	
Current Scholarship	\$ _____	Source _____
Own Earnings	\$ _____	
Other	\$ _____	
TOTAL	\$ _____	

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)



**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 _____

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 _____

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 _____