



# KYCA - Application Form

Please submit the following with this application:

1. 2 letters of recommendation
2. signed medical form
3. 75\$ non-refundable application fee

Mail to: KYCA program  
Mechinat Keshet Yehuda  
Moshav Keshet  
Ramat Hagolan 12410



<b>Last name:</b>		<b>First name:</b>		<b>Hebrew name:</b>	
<b>Home Address:</b>					
<b>City:</b>		<b>State:</b>		<b>Zip code:</b>	
<b>Country:</b>					
<b>Tel:</b>		<b>Cell phone:</b>		<b>Email:</b>	
<b>Date of birth:</b>		<b>Place of birth:</b>		<b>Citizenship:</b>	
<b>Passport #:</b>					
<b>Father's Name:</b>		<b>Hebrew Name:</b>		<b>Occupation:</b>	
<b>Home Address:</b>					
<b>Office / bus. Name and Address:</b>					
<b>Tel:</b>		<b>Fax:</b>		<b>Email:</b>	
<b>Mother's Name:</b>		<b>Hebrew Name:</b>		<b>Occupation:</b>	
<b>Home Address:</b>					
<b>Office / bus. Name and Address:</b>					
<b>Tel:</b>		<b>Fax:</b>		<b>Email:</b>	



**Siblings :**

Name:	Age:	School / Occupation:
1.		
2.		
3.		
4.		

**List the schools you have attended:**

	Name of School	Address	Years attended
Elementary School:			
Junior High:			
High School:			

**SAT Scores:**

Verbal:

Math:

Date taken:

**Synagogue affiliation:**

Rabbi's Name:

**Youth Group Affiliation:**

**Extra curricular activities:**

**Camps attended (as camper/staff):**

	Name	Dates	Role
1.			
2.			
3.			

**Select your current level in:**

	Excellent	Good	Fair	Poor
Hebrew עברית				
Tanach תנ"ך				
Gemara גמרא				



Please answer the following questions candidly:

1. What are your expectations of the program?

2. What are your goals for the year? What do you expect to gain from this year?

3. To what degree are you interested in learning Hebrew and integrating into the Israeli program?

**Contacts in Israel:**

<b>Name:</b>	<b>Address:</b>	<b>Tel:</b>	<b>Relationship:</b>
<b>1.</b>			
<b>2.</b>			
<b>3.</b>			