



Hebrew College, 160 Herrick Road, Newton Centre, MA 02459  
Office of Admissions: 617-559-8610 • Fax: 617-559-8601 • Email: admissions@hebrewcollege.edu

## APPLICATION FOR ADMISSION CERTIFICATE PROGRAMS

**Name**  Mr.  Ms.  Other \_\_\_\_\_ (First, Middle, Last) \_\_\_\_\_

**Current Address** \_\_\_\_\_ Apt. \_\_\_\_\_

**City, State, Zip** \_\_\_\_\_ **Country** \_\_\_\_\_

**Phone** (day) \_\_\_\_\_ (evening) \_\_\_\_\_ (mobile) \_\_\_\_\_

**Email Address** \_\_\_\_\_

**Permanent Address** (if different) \_\_\_\_\_ Apt. \_\_\_\_\_

**City, State, Zip** \_\_\_\_\_ **Country** \_\_\_\_\_

**Place of Birth** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_

**Social Security Number** \_\_\_\_\_  Male  Female

**Citizenship**  U.S.  Permanent Resident  Other \_\_\_\_\_

**If not a U.S. Citizen** Visa Number \_\_\_\_\_ Alien Registration Number \_\_\_\_\_

**Emergency Contact** (Name, Relationship, Phone) \_\_\_\_\_

**Applying for**  Fall 20\_\_\_  Spring 20\_\_\_  Summer 20\_\_\_

### Shoolman Graduate School of Jewish Education

- Certificate in Early Childhood Jewish Education
- Certificate in Early Childhood Jewish Education Leadership
- Certificate in Hebrew Language Education
- Certificate in Jewish Day School Education
- Certificate in Jewish Family Education
- Certificate in Jewish Informal Education, Youth Leadership and Camping
- Certificate in Jewish Special Education

### Jewish Music Institute

- Certificate in Jewish Liturgical Music
- Certificate in Jewish Music Education

### Jewish Studies

- Certificate in Jewish Communal and Clinical Social Work (offered in conjunction with Simmons College Graduate School of Social Work)

### FOR OFFICE USE ONLY

ID \_\_\_\_\_

APP \_\_\_\_\_

FA \_\_\_\_\_

STATUS \_\_\_\_\_

**Letter of Reference** One letter of reference, preferably from a supervisor, is required for application to certificate programs. The reference letter should be mailed directly to the Office of Admissions, Hebrew College, 160 Herrick Road, Newton Centre, MA 02459. Please list the name, occupation and contact information for the individual you have asked to serve as your reference:

Name	Title/Occupation
Address	Phone

**Formal Academic Experience** Please list chronologically all post-secondary institutions of higher learning that you have attended since high school:

Name of institution	Location	Dates of attendance	Major	Degree/Certificate
1.				
2.				
3.				
4.				

**Do you consider your academic record an adequate index of your intellectual ability?**

Yes  No If *not*, please explain on a separate sheet of paper.

**Informal Post-secondary Learning Experience** Please list chronologically any institutes, Israel programs, study groups, travel-study experiences, retreats, etc., that you have attended since high school that are relevant to your plans to study at Hebrew College. If there is additional information you would like to share about these experiences, please explain on a separate sheet of paper.

Name of organization	Program	Dates of attendance	Area of study
1.			
2.			
3.			
4.			

**Professional Experience** Please list chronologically from most recent:

Dates of employment	Employer	Position	Address	Telephone
1.				
2.				
3.				
4.				

**Current School or Occupation** \_\_\_\_\_

**Have you ever applied for admission or been a student at Hebrew College? If so, when and what program did you attend?** \_\_\_\_\_

\_\_\_\_\_

**Have you spoken with a Hebrew College representative?**

Yes  No

**If yes, with whom?** \_\_\_\_\_

**How did you hear about Hebrew College?** (check as many as apply)

- Graduate School Fair
- Mailing
- Word of Mouth
- Friend/Family
- Website
- Advertisement (which one?) \_\_\_\_\_
- Conference/Event (which one?) \_\_\_\_\_
- On-campus Event (which one?) \_\_\_\_\_
- Other \_\_\_\_\_

**Signature** I certify that I have considered each item on this application carefully and that my statements are true and complete to the best of my knowledge. I understand that admission to or enrollment in Hebrew College may be denied if any information is found to be incomplete or inaccurate. I authorize the use of my transcripts and recommendations by the appropriate College personnel in evaluating my application to Hebrew College.

\_\_\_\_\_  
Signature of applicant (required to be considered for admission)

\_\_\_\_\_  
Date

Please send completed application with non-refundable application fee of \$50 (payable to Hebrew College) to Office of Admissions, Hebrew College, 160 Herrick Road, Newton Centre, MA 02459.

All documents filed for this application become the property of Hebrew College and are not returnable. Hebrew College does not discriminate in admission or any matter with regard to age, sex, religion, disability, race, color or national origin. Hebrew College is accredited by the New England Association of Schools and Colleges.