



For Official Use Only

Fee _____

Source _____

MAGEN SHAUL
A Mechina Program

Rabbi Itamar Cohen, *Rosh Hamechina*

APPLICATION FOR ADMISSION

FOR YEAR COMMENCING _____

To be completed legibly and in detail.

Name of Applicant _____
LAST FIRST MIDDLE HEBREW

Home Address _____
STREET CITY STATE ZIP CODE COUNTRY

Tel. _____ Fax. _____ E-mail _____

Date of Birth _____ Social Security # _____

Citizenship _____ Passport # _____

Father's Name _____ Occupation _____

Mother's Name _____ Occupation _____

Current School or Occupation _____ Address _____

Synagogue _____ Rabbi's Name _____

Synagogue Address _____

The following three items (#1,2and 3) are to be mailed to:

Mechina Magen Shaul
C/O Rabbi Chait
6729 Patterson Ave.
Richmond, VA 23226
Phone (516) 881-2676
Fax (603) 754-1219

- #1. This application, together with 2 recent photos, and application fee of US \$100 (non-refundable) made payable to Mechina Magen Shaul
- #2. Have your school mail your transcript including SAT scores
- #3. Have three recommendations mailed by your teachers, principal, or others (as outlined on page 3, #5) directly to Mechina Magen Shaul

MECHINA MAGEN SHAUL APPLICATION

Name of Applicant _____

5) RECOMMENDATION

Three letters of recommendation are required. They should be from people who know you well.
At least one should be from a Judaic Studies teacher. These letters are to be sent directly to MECHINA MAGEN SHAUL.

Please list below the names of the people who are submitting letters of recommendation.

1. Name _____ Position _____

Address _____ Tel. _____

2. Name _____ Position _____

Address _____ Tel. _____

3. Name _____ Position _____

Address _____ Tel. _____

6) PERSONAL STATEMENT

Describe the teacher who has made the greatest impact in your life.

Signature _____ Date _____

Thank you for applying to Mechina Magen Shaul