



# BAIS CHAYA MUSHKA SEMINARY

5115 Vezina, Montreal, Quebec, Canada H3W1C2

514-733-2221 – Fax: 514-733-5051 – [info@theseminary.ca](mailto:info@theseminary.ca)

## APPLICATION FOR ADMISSION – 5778

| APPLICANT INFORMATION |                          |  |                          |
|-----------------------|--------------------------|--|--------------------------|
| Last Name             | Hebrew Name              | Legal Name                                 | Preferred Name           |
| Address               |                          |  |                          |
| City                  | State/Prov.              | Country                                    | Postal Code              |
| Home Telephone        | Applicant's cell         | Applicant's email                          | Applicant's Citizenships |
| Jewish Birthday       | Secular Birthday (M/D/Y) | Other Cities/Countries lived in previously |                          |

| FATHER  |                                      | MOTHER                            |                                      |
|---|--------------------------------------|-----------------------------------|--------------------------------------|
| (Hebrew) Name   | Occupation/Place of work             | (Hebrew) Name                     | Occupation/Place of work             |
| Cell  | Email                                | Cell                              | Email                                |
| Address (If different than above)   | Citizenships                         | Address (If different than above) | Citizenships                         |
|   | Home phone (If different than above) |                                   | Home phone (If different than above) |
| Person responsible for tuition  |                                      | Telephone/email info              |                                      |
| Future correspondence to be directed to: Father / Mother / Other(Specify) |                                      |                                   |                                      |



# BAIS CHAYA MUSHKA SEMINARY

## APPLICATION – PERSONAL PROFILE

| ABOUT YOURSELF   |      |
|--|------|
| Applicant name   | City |
| Please describe who you are in 3 sentences.  |      |
| Select 2 or 3 of the following traits that you feel best describes you:<br><input type="checkbox"/> I persevere in the face of challenges <input type="checkbox"/> I will turn to others for guidance in self-growth when necessary<br><input type="checkbox"/> I am willing to step out of my comfort zone <input type="checkbox"/> I appreciate the need to follow school rules and expectations<br><input type="checkbox"/> I keep a positive outlook <input type="checkbox"/> My friends would consider me easy to get along with<br><input type="checkbox"/> Flexible <input type="checkbox"/> A "Mentch" |      |
| What do you think you gained most from your high school years?   |      |
| What did you like most about high school?  |      |
| Please tell us something about your aspirations for the future and where you would like to see yourself in 10 years.   |      |

| LEARNING   |        |                   |         |      |      |            |
|--|--------|-------------------|---------|------|------|------------|
| Which topics or subjects have you found most inspiring or important? Explain.  |        |                   |         |      |      |            |
| What do you learn on your own, daily or weekly? (Outside of school obligations)  |        |                   |         |      |      |            |
| What is your preferred way of learning? (check all that apply)<br><input type="checkbox"/> Group discussions <input type="checkbox"/> Reading <input type="checkbox"/> Lectures<br><input type="checkbox"/> Text based <input type="checkbox"/> Personal conversations <input type="checkbox"/> Firsthand experiences<br><input type="checkbox"/> Independent study <input type="checkbox"/> Chavrusa <input type="checkbox"/> Farbrengens |        |                   |         |      |      |            |
| What are your learning goals?<br><input type="checkbox"/> Intellectual stimulation <input type="checkbox"/> Internalize and grow<br><input type="checkbox"/> Expand knowledge <input type="checkbox"/> Other (specify)   |        |                   |         |      |      |            |
| Which of the following sentences are true about you?<br><input type="checkbox"/> I can learn TaNach independently <input type="checkbox"/> I can learn Chassidus independently<br><input type="checkbox"/> I am able to research a subject on my own <input type="checkbox"/> I like to learn  |        |                   |         |      |      |            |
| Language Competency:   | Fluent | Working knowledge | Minimal | None | Read | Understand |
| English  |        |                   |         |      |      |            |
| Hebrew   |        |                   |         |      |      |            |
| Other(s)specify:   |        |                   |         |      |      |            |

| SCHOOLS ATTENDED            |        |              |                  |                    |
|-----------------------------|--------|--------------|------------------|--------------------|
| Current school              | Grades | City/Country | Principal /Phone | Mechaneches /Phone |
| Other High Schools Attended | Grades | City/Country | Principal /Phone | Mechaneches /Phone |

|                |      |
|----------------|------|
| Applicant Name | City |
|----------------|------|

| HASHKAFKA   |
|---|
| What does "Chassidish" mean to you? What does living as a Chossid mean for you?   |
| Please describe a Torah or Chassidic concept that really resonates with you / you live by:  |
| Are you a girl who... check those that apply:<br><input type="checkbox"/> has an appreciation for Yiddishkeit and lives by those values<br><input type="checkbox"/> has an appreciation for Chassidishkeit and lives by those values<br><input type="checkbox"/> follows Tznius rules<br><input type="checkbox"/> follows Tznius above the letter of the law<br><input type="checkbox"/> says Chitas daily<br><input type="checkbox"/> speaks to a Mashpia regularly<br><input type="checkbox"/> works on personal growth |

| EXTRA CURRICULAR  |
|---|
| Please describe some of your interests, talents, hobbies or pastimes  |
| What type of extra-curricular programs do you enjoy?  |
| What programs have you organized or led in your school or community?  |
| Which statements below best describe you?<br><input type="checkbox"/> I would join most optional extra-curricular activities<br><input type="checkbox"/> I do Chesed when needed<br><input type="checkbox"/> I enjoy creating / leading extra-curricular activities<br><input type="checkbox"/> I work best alone<br><input type="checkbox"/> I would join optional extra-curricular activities sometimes<br><input type="checkbox"/> I enjoy doing Chesed / Shlichus and appreciate the opportunity<br><input type="checkbox"/> I enjoy working behind the scenes<br><input type="checkbox"/> I work best with a group |

| SUMMER CAMPS ATTENDED                                |          |            |                  |           |
|--|----------|------------|------------------|-----------|
| Camp (Other, please specify)<br>Summer 5776 , July   | Position | City/State | Shliach/Director | Telephone |
| Camp (Other, please specify)<br>Summer 5776 , August | Position | City/State | Shliach/Director | Telephone |
| Camp (Other, please specify)<br>Summer 5775          | Position | City/State | Shliach/Director | Telephone |
| Other Shlichus experience or accomplishments         |          |            |                  |           |

|                |      |
|----------------|------|
| Applicant Name | City |
|----------------|------|

### INTERACTING WITH PEERS

|   |
|---|
| Did you live away from home before? What was the experience like for you?         |
| Describe the personality or qualities of the friends / people you feel close with |

### EXPECTATIONS AND GOALS FOR SEMINARY

|  |
|--|
| In what way do you hope seminary will be the same as high school?  |
| In what way do you hope seminary will be different than high school?   |
| What is most important to you in a seminary? (please number in the order of importance to you, 1=most, 4=least)<br><input type="checkbox"/> academic program<br><input type="checkbox"/> social experience<br><input type="checkbox"/> Chassidische environment / Farbrengens<br><input type="checkbox"/> community involvement / Shlichus<br><input type="checkbox"/> teaching skills and opportunities |
| What do you hope to gain from your year in Seminary?   |
| What or who motivated you to apply to our Seminary?  |

|  |
|--|
| Is there anything else you would like us to know about yourself? |
|--|



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**MEDICAL FORM ~ 5778**

In order to provide each girl with a year of growth, physically and spiritually, it is beneficial for us to know of any health concerns so we can best accommodate each ones needs. All information will be held in confidence. This form must be completed and signed by a parent with submission of initial application to the Seminary. This form must be signed by a doctor prior to final acceptance of applicant to the Seminary.

|  |               |                              |
|--|---------------|------------------------------|
| Applicant's Name   | City          | Telephone                    |
| Travel Insurance   | Policy Number | Telephone                    |
| Name of Doctor   | Telephone     | Date of last Tetanus Booster |
| Emergency contact name   | Telephone     | Cell Phone                   |
| Height   | Weight        | Date of Birth                |
| List all current medication  |               |                              |
| List all medications taken regularly in past 2 years   |               |                              |
| Was applicant admitted to hospital or surgery in past 2 years?                                       |               |                              |
| List all allergies and severity  |               |                              |
| Restrictions in physical activity  |               |                              |
| In the past, was applicant absent from school for significant periods due to health? Please explain. |               |                              |

Has applicant experienced or is currently experiencing any of the following conditions:

|                      | Y | N |                       | Y | N |                        | Y | N |
|----------------------|---|---|-----------------------|---|---|------------------------|---|---|
| ADD/ADHD             |   |   | Concussion            |   |   | Kidney Disease         |   |   |
| Asthma               |   |   | Depression / Anxiety  |   |   | Learning Disabilities  |   |   |
| Back/Neck Pain       |   |   | Diabetes              |   |   | Menstrual Difficulties |   |   |
| Blackouts/Fainting   |   |   | Hearing Problems      |   |   | Mental Health Issues   |   |   |
| Bleeding Disorder    |   |   | Epilepsy / Seizures   |   |   | Sinus infections       |   |   |
| Chest Pain           |   |   | Headaches / Migraines |   |   | Eating Disorder        |   |   |
| Crohn's /Colitis/IBS |   |   | Heart condition       |   |   | Other (Specify)        |   |   |

If you responded "Yes" to any of the above, please explain:

|   |           |
|---|-----------|
| Specialist following above conditions<br>Name | Telephone |
|---|-----------|

\_\_\_\_\_  
Signature of examining Doctor

\_\_\_\_\_  
Date

I hereby authorize the seminary administration to use medical, surgical, or dental services, at their discretion, for the health and well-being of the student. I will be responsible to cover the costs, and will handle all claims with my travel insurance company. Please be advised that if there were health issues that were not brought to the administrations attention, it may become necessary to prematurely terminate the students school year.

\_\_\_\_\_  
Signature of Parent

\_\_\_\_\_  
Date



# BAIS CHAYA MUSHKA SEMINARY ~ STUDENT ASSESSMENT FORM

5115 Vezina, Montreal, Quebec, Canada H3W1C2 - 514-733-2221 – [info@theseminary.ca](mailto:info@theseminary.ca)

Thank you for your time in filling out this assessment form. We highly value your opinion, and this information is extremely important to us. All information will be held in the strictest confidence. Please mail/email this form yourself, directly to us. Please note, we can only process the application once we have received this form.

|   |        |                        |               |                 |               |
|---|--------|------------------------|---------------|-----------------|---------------|
| Name of Applicant   |        | City                   |               |                 |               |
| Reference - Name  |        | Position               |               |                 |               |
| Reference phone   | Office |                        | Cell          |                 |               |
| Email   |        | Best time to reach you |               |                 |               |
| How long have you known the applicant for? How frequently do you interact with the applicant? |        |                        |               |                 |               |
| <b>Personality/character</b>  |        | <b>very much so</b>    | <b>mostly</b> | <b>at times</b> | <b>Rarely</b> |
| Respects others   |        |                        |               |                 |               |
| Has a positive outlook  |        |                        |               |                 |               |
| Values honesty/integrity  |        |                        |               |                 |               |
| Takes responsibility for her actions and words  |        |                        |               |                 |               |
| Adaptable/flexible  |        |                        |               |                 |               |
| Shares her feelings or opinions   |        |                        |               |                 |               |
| Extends herself outside her own circle  |        |                        |               |                 |               |
| Is sensitive to others  |        |                        |               |                 |               |
| Stands up for what is right   |        |                        |               |                 |               |
| Is self-confident   |        |                        |               |                 |               |
| Conducts herself with Menschlichkeit  |        |                        |               |                 |               |
| Contributes or volunteers   |        |                        |               |                 |               |
| Demonstrates interest in personal growth  |        |                        |               |                 |               |
| Has leadership qualities  |        |                        |               |                 |               |
| Takes responsibility for personal appearance (hygiene, etc)                                   |        |                        |               |                 |               |
| <b>Commitment to Torah/Chassidishe identity</b>   |        |                        |               |                 |               |
| Identity and commitment as a Torah Jew is readily apparent                                    |        |                        |               |                 |               |
| Identity as a Chossid is readily apparent   |        |                        |               |                 |               |
| Physical appearance when in school reflects that of a Chossid                                 |        |                        |               |                 |               |
| Physical appearance when out of school reflects that of a Chossid                             |        |                        |               |                 |               |
| Demeanour and behaviour reflects that of a Chossid  |        |                        |               |                 |               |
| Puts thought into ensuring her actions follow her beliefs                                     |        |                        |               |                 |               |
| Applies her learning to her Avodah  |        |                        |               |                 |               |
| <b>Learning</b>   |        |                        |               |                 |               |
| Easily learns new concepts  |        |                        |               |                 |               |
| Is attentive in class   |        |                        |               |                 |               |
| Participates in class discussions   |        |                        |               |                 |               |
| Is respectful of authority, rules and policies  |        |                        |               |                 |               |
| Enjoys learning in her own time   |        |                        |               |                 |               |
| Is open and eager to new learning experiences   |        |                        |               |                 |               |
| Is consistent with school attendance and punctuality  |        |                        |               |                 |               |
| Completes work and assignments responsibly  |        |                        |               |                 |               |
| Is there anything else you feel we should know to enable us to best help this student?        |        |                        |               |                 |               |
| Please describe this student in a few sentences:  |        |                        |               |                 |               |
| Comments  |        |                        |               |                 |               |

Signature \_\_\_\_\_

Date \_\_\_\_\_



# BAIS CHAYA MUSHKA SEMINARY ~ STUDENT ASSESSMENT FORM

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|   |                        |               |                 |               |
|---|------------------------|---------------|-----------------|---------------|
| Name of Applicant   |                        | City          |                 |               |
| Reference - Name  |                        | Position      |                 |               |
| Reference phone   | Office                 | Cell          |                 |               |
| Email   | Best time to reach you |               |                 |               |
| How long have you known the applicant for? How frequently do you interact with the applicant? |                        |               |                 |               |
| <b>Personality/character</b>  | <b>very much so</b>    | <b>mostly</b> | <b>at times</b> | <b>Rarely</b> |
| Respects others   |                        |               |                 |               |
| Has a positive outlook  |                        |               |                 |               |
| Values honesty/integrity  |                        |               |                 |               |
| Takes responsibility for her actions and words  |                        |               |                 |               |
| Adaptable/flexible  |                        |               |                 |               |
| Shares her feelings or opinions   |                        |               |                 |               |
| Extends herself outside her own circle  |                        |               |                 |               |
| Is sensitive to others  |                        |               |                 |               |
| Stands up for what is right   |                        |               |                 |               |
| Is self-confident   |                        |               |                 |               |
| Conducts herself with Menschlichkeit  |                        |               |                 |               |
| Contributes or volunteers   |                        |               |                 |               |
| Demonstrates interest in personal growth  |                        |               |                 |               |
| Has leadership qualities  |                        |               |                 |               |
| Takes responsibility for personal appearance (hygiene, etc)                                   |                        |               |                 |               |
| <b>Commitment to Torah/Chassidishe identity</b>   |                        |               |                 |               |
| Identity and commitment as a Torah Jew is readily apparent                                    |                        |               |                 |               |
| Identity as a Chossid is readily apparent   |                        |               |                 |               |
| Physical appearance when in school reflects that of a Chossid                                 |                        |               |                 |               |
| Physical appearance when out of school reflects that of a Chossid                             |                        |               |                 |               |
| Demeanour and behaviour reflects that of a Chossid  |                        |               |                 |               |
| Puts thought into ensuring her actions follow her beliefs                                     |                        |               |                 |               |
| Applies her learning to her Avodah  |                        |               |                 |               |
| <b>Learning</b>   |                        |               |                 |               |
| Easily learns new concepts  |                        |               |                 |               |
| Is attentive in class   |                        |               |                 |               |
| Participates in class discussions   |                        |               |                 |               |
| Is respectful of authority, rules and policies  |                        |               |                 |               |
| Enjoys learning in her own time   |                        |               |                 |               |
| Is open and eager to new learning experiences   |                        |               |                 |               |
| Is consistent with school attendance and punctuality  |                        |               |                 |               |
| Completes work and assignments responsibly  |                        |               |                 |               |
| Is there anything else you feel we should know to enable us to best help this student?        |                        |               |                 |               |
| Please describe this student in a few sentences:  |                        |               |                 |               |
| Comments  |                        |               |                 |               |

Signature \_\_\_\_\_

Date \_\_\_\_\_



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## CREDIT CARD FORM ~ 5778

Applicant's Name: \_\_\_\_\_ City: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email #: \_\_\_\_\_

Please print clearly

| <i>CARDHOLDER NAME</i><br><i>(PRINT)</i> | <i>CREDIT CARD NUMBER</i> | <i>Expiry Date</i><br><i>MONTH/YEAR</i> |
|--|---------------------------|---|
|  |                           | /                                       |

Visa

Master Card

American Express

| <i>CHECK ONE*</i> | <i>DESCRIPTION</i>   | <i>\$ US FUNDS</i> |
|-------------------|----------------------|--------------------|
|                   | Application fee      | \$50.00            |
|                   | Late Application fee | \$80.00            |

\*Applications received after י' שבט (February 6<sup>th</sup>) will be charged \$80 instead of \$50.

Please consider this letter to be your authorization to charge the above-mentioned amount(s) to the credit card account indicated above.

Please note that the amount showing on your monthly statement might slightly fluctuate based on the exchange rate of the Canadian dollar.

\_\_\_\_\_  
SIGNATURE OF CARDHOLDER

\_\_\_\_\_  
DATE







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## APPLICATION CHECKLIST ~ 5778

Please complete this and send it in with your application  
 Applications with missing documents will not be processed

Name \_\_\_\_\_ City / State / Country \_\_\_\_\_

Telephone \_\_\_\_\_ Email \_\_\_\_\_

| ✓   |   | FOR OFFICE USE ONLY |
|-----|---|---------------------|
| --- | Date Submitted _____  | Date received       |
|     | Application form [completed]  |                     |
|     | Personal profile form [completed]   |                     |
|     | Medical form [completed]  |                     |
|     | Reference form 1 [to be sent in by reference]<br>Completed by (name): _____   |                     |
|     | Reference form 2 [to be sent in by reference]<br>Completed by (name): _____   |                     |
|     | Application - check or credit card form   |                     |
|     | Copy of full size birth certificate<br>(with both parents names on it)  |                     |
|     | Copy of last year's Kodesh transcript   |                     |
|     | Copy of last year's secular transcript  |                     |
|     | Copy of this year's Kodesh report card  |                     |
|     | Copy of this year's secular report card   |                     |
|     | Interview for girls not living in Montreal<br>___ I will be in New York 22 Shevat weekend<br>From _____ (date/time)<br>until _____ (date/time)<br>We will contact you the week before<br>to schedule an appointment<br><br>___ I will not be in New York over 22 Shevat<br>We will contact you to schedule an interview<br>for another time |                     |