



**מכון שושנת ירושלים לבנות חב"ד מחו"ל**  
*established in memory of Rebbetzin Raizel (Shoshanah) Gutnick ה"ע*

P.O.B. 5955, Jerusalem 91058 ירושלים 5955 ת.ד.  
Tel. 972-2-587-1711/2. טל. Fax. 972-2-587-1713. פקס  
E-mail: machonshoshana@gmail.com Website: www.shoshanatyerushalayim.org.il

**APPLICATION FOR ADMISSION, 5770-5771/PART 2**

This section should be filled out in your handwriting and mailed directly to the P.O.B.

Name \_\_\_\_\_

School \_\_\_\_\_ City \_\_\_\_\_

**E. PERSONAL QUESTIONNAIRE:**

1. Please explain why you would like to spend next year at Machon Shoshanat Yerushalayim.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Describe the friends/people you feel close with.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. What, in your opinion, is the definition of a chassidish girl in today's day and age?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PLEASE NOTE:** Your application will only be processed upon receiving all of the following:

- |   |   |
|---|---|
| • <b>Official high school transcripts</b> | • <b>Part One of Application-Electronic</b> |
| • <b>2 Passport size Pictures</b>         | • <b>Mechaneches Form</b>                   |
| • <b>2 letters of recommendation</b>      | • <b>Parent and Student Form</b>            |
| • <b>Medical Form</b>                     | • <b>\$75 Application Fee</b>               |

Signature \_\_\_\_\_ Date \_\_\_\_\_

The deadline of submitting this application is:  
**29<sup>th</sup> of Teves 5770, January 15<sup>th</sup>, 2010**

Applications should be **mailed** (and **NOT** faxed) to:  
Machon Shoshanat Yerushalayim, P.O.B 5955 Jerusalem 91058

Thank you for applying to Machon Shoshanat Yerushalayim. May you always have much success in your studies wherever you may be.