

Application for Admission—Yeshivat Chovevei Torah Rabbinical School

Preliminary Discussions

All prospective students are required to have a preliminary discussion with the Director of Admissions. This should be scheduled as early as possible in the application process.

Visit to YCT

Prescreened candidates are required to spend a few days at the yeshiva while it is in session. Please contact Ruthie Simon at rsimon@yct Torah.org to arrange a visit.

Application Instructions

All application materials must be mailed together to the Office of Admissions
YCT Rabbinical School
3700 Henry Hudson Parkway—Second Floor
Riverdale, New York 10463

Application Fee

Include a non-refundable check in the amount of \$50 payable to YCT. This fee is waived if your completed application is received by **January 15**.

Letters of Recommendation

Please submit three sealed letters of recommendation (with one accompanying reference form for each letter), which include at least one academic and one rabbinic reference.

Official Transcripts

Official transcripts must be included with the application. Applicants who are currently enrolled in degree programs must include mid-year transcripts and arrange for final transcripts to be mailed to YCT upon completion of the semester.

GRE Scores

The GRE is required for those whose GPA is less than a 3.0 and is highly recommended for all applicants. Scores must be included with your application.

Interviews/Bechinot

Eligible candidates will have a formal interview with members of the admissions committee (including the Rosh HaYeshiva, rebbeim and other members of the administration). **Interviews will be scheduled after your completed application has been received and processed.**

In preparation for discussions during the interview, applicants are required to read the article entitled “Halakhah and Morality in Modern Warfare,” which can be found on our website. Applicants must also prepare a 3-5 minute d’var Torah on the topic of their choice to be shared during their interview. A learning assessment will be administered by one of the rebbeim at the Yeshiva around the time of the interview. Candidates may also be asked to meet with a mental health professional as part of the admissions process.

Financing

YCT highly recommends that applicants apply for the Wexner Foundation Graduate Fellowship. For more information call 614-939-6060 or visit www.wexnerfoundation.org.

The yeshiva offers qualified students tuition remission and a generous monthly living stipend.

Policies

YCT Rabbinical School admits students of any race, color, national origin, or ethnic origin. All documents submitted in support of an application for admission become the permanent possession of YCT and cannot be returned to the applicant. For your records, please make photocopies of all materials submitted, except for transcripts and recommendation forms, which must be received unopened, in the original, sealed envelopes.

Important Dates

January 15 Application fee is waived for complete applications received by this date.

February 15 Final date to postmark and mail applications.

April 1 Applicants will receive responses.

Questions?

Email or call the YCT Office of Admissions: admissions@yct Torah.org or 212-666-0036 or visit our website: www.yct Torah.org

APPLICANT'S CHECKLIST

- ___ Preliminary discussion with Director of Admissions
- ___ Visit to Yeshiva while in session
- ___ Application for admission
- ___ Personal statement
- ___ Response to essay question 1
- ___ Response to essay question 2
- ___ Application fee of \$50
- ___ Passport-size photo
- ___ Three letters of recommendation
- ___ Official transcripts from all post-secondary academic institutions
- ___ GRE scores, if applicable
- ___ Resume

YCT Rabbinical School Application for Admission

Personal Information

LEGAL NAME: LAST FIRST MIDDLE

HEBREW NAME PREFERRED NAME

CURRENT MAILING ADDRESS

PERMANENT ADDRESS (IF DIFFERENT)

HOME PHONE NUMBER CELL PHONE NUMBER

EMAIL ADDRESS DATE OF BIRTH

CITIZENSHIP PLACE OF BIRTH

SOCIAL SECURITY NUMBER IF NON-US CITIZEN, PLEASE PROVIDE VISA STATUS

MARITAL STATUS WIFE'S NAME NUMBER OF CHILDREN

IS YOUR HALAKHIC STATUS AFFECTED BY A CONVERSION? _____ YES _____ NO IF YES, PLEASE EXPLAIN: _____

MOTHER'S NAME MOTHER'S OCCUPATION

ADDRESS

HOME PHONE CELL PHONE EMAIL

FATHER'S NAME FATHER'S OCCUPATION

ADDRESS (IF DIFFERENT FROM ABOVE)

HOME PHONE CELL PHONE EMAIL

HOW DID YOU HEAR ABOUT YCT?

Application Information

Intended year of matriculation: Fall _____ Program: _____ Beit Midrash _____ Semikha

If you are not applying for this coming fall, please describe your plans for the coming year:

Other rabbinical or graduate schools to which you are applying:

Please provide the following information for those individuals from whom you have requested letters of recommendation:

NAME	TITLE	EMAIL / PHONE
_____	_____	_____
_____	_____	_____
_____	_____	_____

NAME	TITLE	EMAIL / PHONE
_____	_____	_____
_____	_____	_____
_____	_____	_____

NAME	TITLE	EMAIL / PHONE
_____	_____	_____
_____	_____	_____
_____	_____	_____

General Education

List each school you have attended:

ELEMENTARY:	NAME	LOCATION	DATES OF ATTENDANCE
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

SECONDARY:	NAME	LOCATION	DATES OF ATTENDANCE
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

UNDERGRADUATE:	NAME	LOCATION	DATES OF ATTENDANCE
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

DEGREE AWARDED	MAJOR
_____	_____
_____	_____
_____	_____

GRADUATE:	NAME	LOCATION	DATES OF ATTENDANCE
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

DEGREE AWARDED _____

What languages do you speak fluently, other than English?

Do you have any learning disabilities or challenges that we should be aware of? _____ YES _____ NO

If yes, do you require any accommodations for your learning? Please explain:

Formal Jewish Education (If different from above)

List each school/yeshiva you have attended:

NAME	LOCATION	DATES OF ATTENDANCE
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NAME	LOCATION	DATES OF ATTENDANCE
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NAME	LOCATION	DATES OF ATTENDANCE
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Informal Jewish Education

SUMMER CAMP(S)

YOUTH GROUP(S)

Areas of Jewish Study

Please indicate books or areas studied, as well as degree of proficiency (poor, fair, good, excellent):

Tanakh:

BOOKS	PROFICIENCY
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Mishna:

BOOKS	PROFICIENCY
-------	-------------

Gemara:

BOOKS	PROFICIENCY
-------	-------------

Rishonim:

BOOKS	PROFICIENCY
-------	-------------

Halakha:

BOOKS	PROFICIENCY
-------	-------------

Jewish Thought:

BOOKS	PROFICIENCY
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What are your intellectual interests or specialized areas of study (Jewish and/or secular)?

Leadership Experience

Please list your three most recent positions of leadership:

TITLE / POSITION	PLACE / ORGANIZATION
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NATURE OF WORK	DATES
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TITLE / POSITION	PLACE / ORGANIZATION
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NATURE OF WORK	DATES
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TITLE / POSITION	PLACE / ORGANIZATION
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NATURE OF WORK	DATES
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Limiting yourself to the space provided, briefly describe which activity listed most meaningfully impacted your commitment and why:

Awards and Scholarships

NAME	GRANTING INSTITUTION	DATE RECEIVED
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NAME	GRANTING INSTITUTION	DATE RECEIVED
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Personal Interests

Please list other non-academic interests, hobbies, and talents:

Personal Goals

What are your professional goals?

What are your goals upon entering YCT?

Is your observance fully in line with traditional halakha and Orthodox norms? _____ YES _____ NO

If not, please explain:

Personal History

	YES	NO
Have you ever withdrawn from, or repeated a term at, any school or given up employment because of physical or emotional difficulties?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have any physical condition or medical problem that has required or still requires professional care that might limit your activity in any way?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever been hospitalized for mental or emotional illness or substance abuse?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever been the subject of disciplinary inquiry or procedure in your place of employment or academic institution?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever been convicted of any crime in a court of law?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever had a drug or substance abuse problem?	<input type="checkbox"/>	<input type="checkbox"/>

If you have answered any of these questions affirmatively, please explain fully on a separate sheet.

Is there anything else we should know or that you would like to share with us?

I certify that all information submitted in the admissions process is accurately and honestly presented. I understand that any misrepresentation may be cause for admission revocation or dismissal.

SIGNATURE

DATE

Personal Statements

The purpose of the personal statement is to provide the reader with a sense of who you are.

Please share your reflections in a separate statement of no more than four pages.

People have different understandings of their respective roles as Torah-committed Jews. Many parts of a Torah-based life inspire people's passions. For some, their passion is learning and teaching Torah; for others, it is a life focused on chesed, tzedakah, and tzedek; and for yet others, it is tefillah and spirituality.

Describe your religious passions, your personal religious philosophy, and your understanding of your religious role in the world. Use specific examples.

Essay Questions

Starting on a separate sheet paper, please answer each of the following questions in no more than three pages.

1. Describe the development of your interest in the rabbinate, with special emphasis on the important experiences that shaped your passion (i.e., Jewish experiences, family influences, role models, ideas, etc.). What kind of rabbi do you want to be? What are your professional goals? What is your vision for the Jewish community and how do you see yourself actualizing this vision as a rabbi?
2. Why is YCT the right rabbinical school for you? What do you think will be challenging for you? What will you contribute to the YCT community? Evaluate your potential strengths and weaknesses as a rabbinical student and rabbi.

Letters of Recommendation

Letters of recommendation must be submitted with your application in a separate envelope with the signature of the person writing the recommendation across the sealed flap. Please copy this form for additional references.

A. To be completed by applicant:

NAME OF APPLICANT

ADDRESS

PHONE

EMAIL

Under the Family Educational Rights and Privacy Act of 1974, which gives students the right to inspect and review their educational records, students may waive their rights to see specific confidential statements and letters of recommendation. In the belief that applicants and the evaluators may wish to preserve the confidentiality of those evaluations, we are giving you an opportunity to sign one of the following statements:

- I waive my right to examine this letter.
- I do not waive my right to examine this letter.

SIGNATURE

DATE

B. To be completed by reference:

Your candid remarks on this student will be of great help to the rabbinical school admissions committee. On a separate sheet, please provide your overall evaluation of the applicant and include the following information to the best of your knowledge:

- (1) The length of time and in what capacity you have known the applicant
- (2) The applicant's character, talents, abilities, work ethic, and academic ability
- (3) The applicant's vocational choice in relation to his personality, Jewish learning ability, religious commitment, and leadership potential

Please be specific in your assessment of the candidate's past performance and potential. If the applicant has signed the second statement above or has not signed either statement, your letter may be available for the applicant's examination upon his enrollment in the rabbinical school.

Please provide the information requested below and attach your letter to this form. **Please sign and date your letter and place it in a sealed envelope. Please sign your name across the back of the envelope before returning it to the applicant.**

NAME OF EVALUATOR

TITLE

ADDRESS

PHONE

EMAIL

SIGNATURE

DATE
