

**SCHOLARSHIP APPLICATION FORM (CONFIDENTIAL)**

Please ensure that all questions are answered fully and boxes checked where appropriate. Please use any additional sheets if required.

RETURN THE COMPLETE PACKAGE TO:  
 Office of Admissions  
 School of Biblical Hebrew, IBLT  
 PO BOX 1664, Jerusalem, 9101601, Israel

**admissions@iblt.ac**

Date of application: _____	Applying for program commencing in 20__
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**1. Personal Details (Capital Letters)**

*Please enter your name as it is stated on official documents, such as your passport, birth certificate or driving license.*

Title:	<input type="checkbox"/> Rev. <input type="checkbox"/> Dr. <input type="checkbox"/> Mr.	<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth (dd/mm/yyyy): ____ / ____ / ____	Age:
	<input type="checkbox"/> Mrs. <input type="checkbox"/> Miss <input type="checkbox"/> Ms.			

First/given name(s):
Surname/family name:

Marital Status:	Number of dependent children:
Family members accompanying you:	<input type="checkbox"/> Spouse <input type="checkbox"/> Children (give ages) _____

Address:
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City:	Country:
Postal code:	Skype account:
Email address(es):	
Home telephone:	Mobile number:

Emergency contact name:	Emergency contact number:
Emergency contact email:	

## 2. Personal Profile

Country issuing passport:	Country of residence:
Other nationalities:	
Passport number:	Passport expiry date:
<i>If your spouse and dependent children will be staying in Israel, please give their details on a separate sheet.</i>	

## 4. Translator Information

Are you currently working with a translation agency?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If YES, which one?			
Who is your supervisor?			
Please provide contact information:	Email:		
	Phone:		
Do you have a written commitment with a translation agency to engage in a translation project following completion of the SBH?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Further information you would like us to have:			

## 3. Parent's Information

Were you claimed as a dependent on your parent's federal income tax return last year?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If NO, go to part 5 of this application (Financial Position)		
Did you reside with your parents, rent and board free, more than 4 months last year?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Did your parents contribute to your support and/or education last year?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please specify details:		

#### 4. Parent's Financial Information (if applicable)

Father's name:			Age	
Address:				
Occupation:				
Net income last calendar year:	Father: \$	Mother: \$	Total: \$	
Number of dependents:		Educational expenses paid this academic year:	\$	
Value of current assets (including savings accounts, investments as stocks and bonds, but not equity on a house):			\$	

#### 5. Applicant's Financial Position

Total Fees (including auditing/accredited spouse & on-campus living cost): \$ \_\_\_\_\_

##### A. Your Income (for the 12 month period prior to your arrival at SBH)

Net income you expect from employment sources for 12 months prior to arrival at SBH \$ \_\_\_\_\_  
 Net income from spouse's employment for the same period (if applicable) \$ \_\_\_\_\_  
 Contributions from local church, church related organization, etc. for same period \$ \_\_\_\_\_  
 Grants and scholarships during this period. \$ \_\_\_\_\_  
**TOTAL** \$ \_\_\_\_\_

##### B. Assets

Bank accounts (current balances) \$ \_\_\_\_\_  
 Stocks/bonds (current value) \$ \_\_\_\_\_  
 Value of all other assets (please identify) over \$1,000.00 \$ \_\_\_\_\_  
**TOTAL** \$ \_\_\_\_\_

##### C. Liabilities

Credit Card Debts \$ \_\_\_\_\_  
 Educational Loans \$ \_\_\_\_\_  
 Other Outstanding Loans \$ \_\_\_\_\_  
**TOTAL** \$ \_\_\_\_\_

##### D. Projected Support

Sending organization/agency \$ \_\_\_\_\_  
 Personal support (eg. friends, family, church) \$ \_\_\_\_\_  
**TOTAL** \$ \_\_\_\_\_

## 6. Other information

Please indicate any special circumstances or needs that are relevant to this application


CONFIRMATION & AGREEMENT: I confirm that all of the information is accurate, and agree to advise the Scholarship Committee of any significant changes in this statement of financial position.

PRINT NAME: \_\_\_\_\_

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

Please return this form to our Admissions Office in Israel:

Office of Admissions  
School of Biblical Hebrew, IBLT  
PO BOX 1664, Jerusalem, 9101601, Israel

For **ALL** applications & forms, please send us an email confirmation  
(preferably including a scanned copy of the form) to:  
**admissions@iblt.ac**

For further information about our programs visit our website: **<http://iblt.ac>**