

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
 PO BOX 23027, Richmond, VA, 23223, USA

admissions@iblt.ac

Date of application: _____	Applying for program commencing in 20__
----------------------------	---

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: Spouse Children (give ages) _____

Address:

City:	Country:
-------	----------

Postal code:	Skype account:
--------------	----------------

Email address(es):

Home telephone:	Mobile number:
-----------------	----------------

Emergency contact name:	Emergency contact number:
-------------------------	---------------------------

Emergency contact email:

1.2. 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>	

2. Occupation

Please give details of your present occupation, the nature of your work and how long you have been in this job.

Please give details of your previous employment.

3. Christian Association

To which Christian denomination do you belong or with which denomination are most associated?

--

Please give the name of the church you currently attend.

Please give details of your experience in Christian ministry (e.g. translation, preaching, teaching, etc.)

4. Academic Training

Please provide details of all academic training with most recent first. Documentary evidence of the result/qualification in the form of an official transcript will be requested. You are required to contact the post-secondary schools concerned in regards to obtaining transcripts of your academic records. They should be sent to you in sealed envelopes, which you will then forward to the Institute with the rest of the application.

All students are required to do a special Online Hebrew Program: Living Biblical Hebrew, Part One (LBH1). Access will granted upon successful application, and completion is required 2 months prior to the course start date.

Please write the name of the last institution you attended (or are attending currently):

School	Major Course of Study	Date Attended	Degree Granted

PLEASE NOTE: This application will only be processed when the complete application package is received by the IBLT Office of Admissions. This includes all fees, transcripts, photographs and all portions of this form. No partial application will be processed. Also note that while all complete applications will be processed regardless of date received, you should complete the process **3 months prior** to the course start date.

5. Which language(s) will you use to submit written papers during the program?

<input type="checkbox"/> English	<input type="checkbox"/> French	<input type="checkbox"/> Spanish	<input type="checkbox"/> Russian	<input type="checkbox"/> Hebrew
----------------------------------	---------------------------------	----------------------------------	----------------------------------	---------------------------------

6. Computer Use

Will you have daily access to a personal computer during the program?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, which type of operating system does it use?	<input type="checkbox"/> Apple	<input type="checkbox"/> Windows
<input type="checkbox"/> Other. Please specify:		
Do you use a mobile messaging service (eg. Whatsapp)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please specify:		
Are you able to view .mp4 video files?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

7. Supporting References (Referees)

Please give the names and all contact details of two referees who can usefully comment on your academic ability and potential. Normally these will be people who have taught or employed you within the last 5 years.

First/given name:	Surname:
Home telephone:	Mobile number:
Email:	
Relation to you:	

First/given name:	Surname:
Home telephone:	Mobile number:
Email:	
Relation to you:	

Please give the name and address of a Christian leader to whom we may contact for a character reference.

MINISTER / PASTOR / CHURCH LEADER TRANSLATION PROJECT SUPERVISOR

First/given name:	Surname:
Home telephone:	Mobile number:
Email:	
2nd Email:	
Relation to you:	

8. Finance

How do you intend to finance the course fees and living expenses?

<input type="checkbox"/> Personal finances	<input type="checkbox"/> Organizational sponsorship	<input type="checkbox"/> Church sponsorship
<input type="checkbox"/> University grant/scholarship	<input type="checkbox"/> 4.2.20 Foundation scholarship	<input type="checkbox"/> Other grant/scholarship

Please provide details of any sponsorship, scholarship or grant application as mentioned above, giving name, value and duration. Please state if the sponsorship, scholarship or grant has already being awarded or is still pending.

9.1 Required Health Statement

Please indicate past AND present illnesses or conditions:

<input type="checkbox"/> Allergies	<input type="checkbox"/> Hepatitis	*Paralysis
<input type="checkbox"/> Amoebic dysentery	<input type="checkbox"/> *Hypertension	Pneumonia
<input type="checkbox"/> *Asthma	<input type="checkbox"/> Hypoglycemia	Rheumatic fever
<input type="checkbox"/> *Diabetes	<input type="checkbox"/> *Lyme disease	*Tuberculosis
<input type="checkbox"/> *Epilepsy	<input type="checkbox"/> *Kidney trouble	Ulcers
<input type="checkbox"/> *Foot/leg difficulties	<input type="checkbox"/> *Pregnancy	Other
<input type="checkbox"/> Gastro-intestinal	<input type="checkbox"/> Malaria	HEIGHT:
<input type="checkbox"/> *Heart	<input type="checkbox"/> Migraine headache	WEIGHT:
<input type="checkbox"/> *Have you been treated in the last three years for any mental or emotional condition?		
<input type="checkbox"/> *Are you currently on any drug for treatment of mental or emotional condition?		
<input type="checkbox"/> *Do you have any specific dietary requirements or suffer from any allergies?		

If your answer is yes to any of the questions above, please give a brief explanation and also the name, address and phone number of your physician or counselor for reference.

The School reserves the right to require further information from my medical practitioner if this is deemed necessary.

9.2 Physical Examination Form (Physician)

To be completed if applicant: a) is 50 years of age or more; or b) has had any of the illnesses or conditions marked with an asterisk (*) in the REQUIRED HEALTH STATEMENT. *Please print or write clearly.*

Dear Doctor: This applicant is applying for a period of study in Israel. Daily life in Jerusalem and the surrounding areas includes STEEP WALKWAYS and MODERATE HIKING will be expected during field trips.

Please bear this in mind when making your recommendations.

Name of Applicant: _____

Height: _____ Weight: _____ Blood Pressure: _____ Pulse: _____

PHYSICAL STAMINA: _____ Excellent _____ Good _____ Average _____ Fair _____ Poor

Vision:	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	Back:	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal
Hearing:	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	Feet:	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal
Heart:	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	Legs:	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal
Lungs:	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	Neurological:	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal
Abdomen:	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	Emotional Stability:	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal
Menstrual:	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal		
LAB WORK: If indicated		PHYSICAL ACTIVITY:	
Hemoglobin:		<input type="checkbox"/> Restricted	<input type="checkbox"/> Unrestricted
Urine (routine):		Duration:	
Other:		Reason for restriction:	

If not covered in the above, please specify the names of the injury, illness, or mental disorder for which the applicant has been under observation or has had medical or surgical advice or treatment or has been hospitalized. Please give dates of the duration of the illness or disorder and the treatment; and give final results. Specify "none" if the answer is negative.

Recommendations

I have examined the above-named applicant whom I have known since _____

From my knowledge of his/her medical history, and as a result of my examination of him/her, it is my opinion that he/she is in good health mentally, emotionally, and physically and that he/she will be able to pursue a full course of study involving STEEP WALKWAYS and MODERATE HIKING.

Date of physical examination _____, 20 _____

Please Print: Doctor's name _____

Address _____

City, State, Zip _____

Area Code and Telephone Number: _____

Doctor's Signature _____

10. Personal Statement

Please answer the following questions (you may continue on a separate sheet if necessary).

A. Describe your personal history: family background, marital status and employment or business experience.

B. Describe your experience as a follower of Jesus Christ. What is your relationship with Jesus Christ? How does this relationship influence your life and involvement in congregational, service and ministry opportunities?

C. Describe your educational history, including your educational and professional goals. Why do you wish to study Biblical Hebrew? Why have you chosen SBH to carry out this study?

D. What do you expect to achieve from this program? What would you like to pursue as a career after SBH?

E. Evaluate your ability to live within a multi-cultural and multi-religious environment. What overseas experience do you have?

11. Language Competencies

What is your first language(s)?

--

Please list any languages you can use at conversational level.

Please list any languages in which you have basic literacy (e.g. you can read a newspaper or equivalent text).

12. Reading English Comprehension

Although most of the program will be conducted in Hebrew, some written material will be provided in English only. Please indicate on a scale of 1-10 your level of understanding of written English.

Little reading comprehension			Can read with frequent aids (dictionaries or other)			High (fluent) reading ability			
1	2	3	4	5	6	7	8	9	10

Please comment on your answer above.

13. How did you hear about the Institute of Biblical Languages & Translation

<input type="checkbox"/> Website	<input type="checkbox"/> Missions conference	<input type="checkbox"/> Summer school	<input type="checkbox"/> Faculty
<input type="checkbox"/> Translation agency	<input type="checkbox"/> Recommendation	<input type="checkbox"/> Other (please specify)	

14. IMPORTANT: Required Visa information

It is required that all students who will be attending the School of Biblical Hebrew - Institute for Biblical Languages and Translation acquire a multiple entry A/2 student visa **prior to arriving in Israel**. Married students must also acquire a multiple entry A/4 visa for each dependent (spouse and children) who will be in Israel during the time that the student is attending SBH - IBLT.

Please note: All visa applications must be made by the staff of SBH at the Ministry of Interior in Jerusalem. In order to allow SBH to make this application on your behalf, you must supply the following documents and information as part of your application **5 months prior to the course start date**.

Please provide:		
1) A clear and legible copy of the identification page of your current passport, as well as the passports of any dependents accompanying your application. NOTE: Your passport must be valid for six months beyond the full period of the student visa. Because the visa is generally valid for 12 months, your passport should be valid for a minimum of 18 months beyond the course start date.		
2) Two original OFFICIAL color passport photographs (in addition to the two required to accompany this application).		
3) City, state, country of residence, one month prior to departure:		
4) Proof of health insurance while studying in Israel:		
5) Your father's full name:		
6) Your mother's full name:	Mother's maiden name:	
7) Your maiden name (if applicable):		
8) The dates of any previous stays in Israel:		
9) Have you been in Israel before?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
10) If yes, was your stay ever cancelled?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, why?		
11) What are your means of support for your time in Israel?		
12) If you are planning to enter Israel before the start of the course, please indicate the date with a short explanation as to why: _____		

When your visa has been granted, the Ministry of Interior in Jerusalem will inform the Israeli Embassy or Consulate that is responsible for the city and state of your official residence. SBH - IBLT will inform you when this happens. You must then contact that embassy or consulate and arrange for the visa to be affixed to your passport. Please note that your visa will refer to SBH - IBLT by the name of the visa-issuing organization,
_____ .

15.1 - Statement of Standards

The School strives to cultivate a unique and enhanced learning program for biblical Hebrew, by using a language immersion environment, studying the Scriptures within their linguistic, geographical, cultural and historical setting. The focused study of biblical Hebrew within this context deepens understanding and enables retention for future use in a way that could not be accomplished if taught primarily in another language.

Many of the local cultures here differ from one another and are often quite different from the cultures that course participants might represent. SBH seeks to maintain an ongoing Christian witness with the local communities. For this reason we ask that all participants agree to abide by the following standards:

- Short shorts are not acceptable.
- Mid-thigh/knee-length walking shorts are acceptable in certain environments.
- Slacks are generally acceptable everywhere.
- Further information and orientation will be given as necessary.

Agreement: By signing this agreement I recognize and certify the following:

Because I will be participating in a Christ-centered community in the Middle East, I will endeavor to conduct myself in accordance with a Christ-centered lifestyle.

I will refrain from dishonest, disruptive and irresponsible behavior, drunkenness and intoxication, sexual harassment, promiscuity, theft or abusive behavior.

I understand that violation of any of these standards, or of providing false or misleading information on this application, is grounds for disciplinary action, including immediate dismissal from the program and return to my country at my own expense.

PLEASE DATE AND SIGN YOUR AGREEMENT WITH Statement of Standards

Printed name:

Signature:

Date:

15.2 - Disclosure Statement

The School of Biblical Hebrew makes every effort to avoid unnecessary risk by trying to control travel, food service, and sanitation. You should understand that this study and associated travel is undertaken solely at your own risk.

It is essential that you have health insurance while in Israel. Hospitals will not treat a patient without proof of credit card or cash. All hospital bills in Israel must be paid in full before the patient is discharged; therefore, you must obtain insurance and acquire a means for emergency payments.

You therefore must obtain an insurance policy in your home country which will cover you while in Israel.

Please contact your local carrier to be certain where you stand in regard to health, accident, travel, and life insurance and what may be required. You must have contingency funds to pay by credit card or cash should an emergency arise. A claim may then be filed with your insurance company for reimbursement of the fees.

Agreement: I have read the Disclosure Statement, and I understand and accept my medical responsibilities and verify that I will have appropriate insurance coverage in place before arrival in Israel. I empower the School of Biblical Hebrew, in emergency situations, to assign me for medical treatment, even if such treatment is beyond my insurance coverage in Israel, including hospitalization (at my expense) if such is determined necessary by a medical doctor, and to return me to my home for medical treatment (also at my expense) if circumstances warrant and agree to release the School of Biblical Hebrew, its staff, administration and board of directors from any and all liability.

PLEASE DATE AND SIGN YOUR AGREEMENT WITH Disclosure Statement

Printed name:

Signature:

Date:

15.3 - Waiver of Responsibility, Release of Liability

I will hold the School of Biblical Hebrew and its directors, employees, their families and heirs blameless in the event of cancellation or changes in travel and program schedules, or adjustment in announced fees caused by changes in travel tariffs, lodging rates, or fares by those engaged for such services.

I release the School of Biblical Hebrew and its directors, employees, their families and heirs from claims of any nature incurred by me before, during or after my time in the Middle East, and from claims arising from any act involving any person, agent, or entity not a part of the school or a part of the school. I agree that, in the event of disruption or cancellation or changes in travel and program schedules due to war (declared or undeclared), strike, terrorism, act of God, or emergency not under the control of the School of Biblical Hebrew, any refund will be determined by the school on an individual basis and at the school's discretion.

Agreement: I have read this Waiver of Responsibility, understand its content, and accept the risks discussed. I hereby verify that good health allows me to take part in the school's program (including hiking, bus travel, etc.), and I absolve the school of responsibility for me in the above stated areas. Furthermore, by my signature below I acknowledge that I have read both the Statement of Standards and the Disclosure Statement and agree to abide by the conditions set out in them, and release the School of Biblical Hebrew, its board of directors, employees, their families and heirs from any and all liabilities.

PLEASE DATE AND SIGN YOUR AGREEMENT WITH Waiver of Responsibility, Release of Liability

Printed name:

Signature:

Date:

Printed name and signature of witness:

Date:

Application Checklist - Please ensure that you have enclosed:

- Two passport sized photographs of yourself
- A copy of your passport/national ID
- A copy of current Israeli visa if already in Israel
- Application Fee – NON REFUNDABLE

Please note: Failure to submit all the documentations and application fee required might result in your application being delayed or not being processed at all.

I am paying the Application Fees (\$50):

- Check, which I enclose
- Debit Card
- Credit Card (2.0% Surcharge applies)

Name and address of card holder:	
Card number:	
Expiry date:	
3 digit security number:	

Signature:

Or contact Admissions on +1-(804)-482-0756
if you prefer to give card details over the phone or via Skype.

Please return this form to our Admissions Office in the USA:

Office of Admissions
School of Biblical Hebrew
PO BOX 23027, Richmond, VA, 23223, USA

For **ALL** applications, 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>**