



Semester Program Application Form

Applicant Information

Last Name:		First Name:	
Permanent Home Address:			
City, State/Province:		Country:	Postal Code:
Email Address:			
Home Telephone (including regional codes):			
Fax (if available, including regional codes):			
Occupation:		Nationality:	
Date of Birth (DD-MM-YY):		Country of Birth:	
<input type="checkbox"/> Male	<input type="checkbox"/> Never Married <input type="checkbox"/> Married - Number of Children ____		<input type="checkbox"/> Divorced <input type="checkbox"/> Widowed
<input type="checkbox"/> Female			
Accommodation:		Health Insurance (required by JCBT):	
<input type="checkbox"/> At JCBT		<input type="checkbox"/> Self Obtained	
<input type="checkbox"/> Other (describe)		<input type="checkbox"/> To Be Obtained through JCBT	
(Cost: 2.00-4.50 USD per day, depending on age)			
Describe any important medical concerns:			
SSN (if from USA):			
Contact in case of emergency:			
Educational Background			
Undergraduate Studies		Graduate Studies 1	
Name of Institution, City, State/Province, Country:		Name of Institution, City, State/Province, Country:	
Major field of study, Number of years studied:		Major field of study, Number of years studied:	
Degree/Certificate received, Date:		Degree/Certificate received, Date:	
Graduate Studies 2		Graduate Studies 3	
Name of Institution, City, State/Province, Country:		Name of Institution, City, State/Province, Country:	
Major field of study, Number of years studied:		Major field of study, Number of years studied:	
Degree/Certificate received, Date:		Degree/Certificate received, Date:	
Target Translation Language:		Size of Language Group:	
One year of Biblical Hebrew studies or equivalent: <input type="checkbox"/> Yes <input type="checkbox"/> No			

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Visa/Passport Information

Instruction: Please copy all passport information directly from passport or other official document.

Full Name (as it appears in passport):

Passport Number:

Place of Issue:

Date of Expiration:

Religion:

Father's First Name:

Mother's First Name:

Previous Last Name (if any):

Date of Previous Stays in Israel (if any):

Date of Intended Arrival in Israel:

Date of Intended Departure from Israel:

In the case of pre-approved visas, at which Israeli Embassy will you pick up your visa (city) _____
(Please check this carefully, as this information is needed by Israeli Ministry of Interior.)

Additional Information – These items are required

On a separate page, please describe your past and present activities in relation to Bible translation or research. Describe also your anticipated project(s) which may benefit from studies at the Jerusalem Center.

Please include with this application form:

- ___ 1 digital photo of applicant, of standard passport size and dimensions.
- ___ Scan of passport
- ___ Scan of marriage certificate (if applicable, and only for those requiring visa)
- ___ 2 Academic recommendation letters, written by someone you have had a professional connection with from within your organization or another professional organization (for those requiring visa).

* JCBT reserves the right to terminate the residence of any student should unusual problems arise.

Checklist of items to be included with this application form:

Separate page of past/present activities enclosed?

Yes No

1 Digital passport photo enclosed? (in case of printed photo sent by regular mail we need 2)

Yes No

Scan of passport enclosed?

Yes No

For those applying for visa:

Scan of marriage certificate and recommendation letters enclosed?

Yes No

Applicant Signature: _____

Date: _____

Place: _____

Please return form via email to Semester Program registrar at:
BibleTranslators@JerusalemSchool.org

or mail to: **Jerusalem Center for Bible Translators, POB 34120, Jerusalem 9134002, ISRAEL**
Tel: +972-2-579-0201 | Fax: +972-2-533-3793 **BibleTranslators.org**