



## Short Term Program Application Form

### Applicant Information

LAST NAME:		First Name:	
Permanent Home Address:			
City:	State:	Country:	Postal Code:
Email Address:			
Telephone (include country and regional codes):			
Fax (if available, include country and regional codes):			
Occupation:		Nationality:	
Date of Birth (DD-MM-YY):		Country of Birth:	
<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Married    ___ Number of Children <input type="checkbox"/> Never Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed			
<b>Health Insurance is required</b> for your stay in Israel. For pre-entry visa applications, insurance will be automatically provided through the Hebrew University with a required medical exam by a local doctor in your country. See attached HUJI medical form.			
Describe any important medical concerns:			
Contact in case of emergency:			

### Passport/Visa Information

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

Name as it appears in the passport:	
Passport Number:	Place of Issue:
Date of Expiration:	Father's First Name:
Religion:	Mother's First Name:
Previous Last Name (if any): _____	Previous Stays in Israel: Date: _____ Passport no: _____ Date: _____ Passport no: _____ Date: _____ Passport no: _____ Date: _____ Passport no: _____
Date of Intended Arrival in Israel _____	Date of Intended Departure from Israel: _____
Indicate which Israel Embassy is most convenient to pick up your visa (city): _____	
<i>Decide carefully as this information is critical. The visa will be sent to this location ONLY.</i>	

### Translation Background and Activities

Target Translation Language: _____	Size of Language Group: _____
Do you have one year of Biblical Hebrew studies or equivalent: <input type="checkbox"/> Yes <input type="checkbox"/> No	

*In a separate word document, please describe your **past, present, and projected activities** in relation to Bible translation work and the potential benefits from this course.*

## Educational Background

<b>Undergraduate Studies</b>	<b>Graduate Studies 1</b>
Name of Institution, City, State/Province, Country: _____	Name of Institution, City, State/Province, Country: _____
Major Field of Study: _____	Major Field of Study: _____
Number of Years Studied: _____	Number of Years Studied: _____
Degree/Certificate received: _____	Degree/Certificate received: _____
Date: _____	Date: _____
<b>Graduate Studies 2</b>	<b>Graduate Studies 3</b>
Name of Institution, City, State/Province, Country: _____	Name of Institution, City, State/Province, Country: _____
Major Field of Study: _____	Major Field of Study: _____
Number of Years Studied: _____	Number of Years Studied: _____
Degree/Certificate received: _____	Degree/Certificate received: _____
Date: _____	Date: _____

## Additional Instructions

The following items are required with this application form. *(Please send Word, PDF, or JPG formats by email.)*

- Separate page of past, present, and future activities.
- One digital photo of applicant, of standard passport size and dimensions  
*(Two passport size photos if sent by regular mail)*
- Scan of passport picture page.
- Scan of marriage certificate.
- Two academic or professional recommendation letters, written by someone with whom you have had an academic or professional connection.

Signature: _____	Date: _____ Place: _____
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Please return this form via email to Short Term Program registrar: ***wilma@bibletranslators.org***

or mail by post to:  
**Jerusalem Center for Bible Translators**  
**PO Box 1336, Mevesseret Zion-Jerusalem, 9078427, ISRAEL**