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## THE FLATBUSH SOCIETY OF FELLOWS HONORS PROGRAM APPLICATION

☐ The Flatbush Society of Fellows Honors Program: Fall 2024 Application Deadline: February 6, 2024

Applicants: Complete the following application form and submit along with:

a) Two letters of recommendation.

1. Name (please use legal name):

b) Two essays not to exceed 500 words (approximately 5,300 characters).

Please note, the recommendation letters and samples of your written work are in addition to those required for general college admission. Once a completed application is received, you will be contacted for a personal interview with a campus Dean.

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Last	First	Middle	Preferred/ Hebrew
. Email address:		<u>@</u>	
. U.S. Mailing Address:			
. Last four digits of Social S	Security:	5. Touro ID # (I	f known): <u>T00</u>
. Telephone Numbers:			
lome:	Cell:		Israel Cell:
. High School:		GPA:	
. Seminary / Yeshiva (if cu	arrently attending):		



	Date:	Date:	
	Critical Reading:	Critical Reading:	
	Math:	Math:	
<b>B.</b> AC	T Exam		
	Date:	Date:	
	Composite Score:	Composite Score:	
	English:	English:	
	Math:	Math:	
		0 :	
	Science:	Science:	
-	Writing:  covide the names and contact info	Writing:	•
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13. W	What awards and/or honors have you received? (Please include dates)
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	For more information, please contact:
	In U.S.:
	Jamie Venezia   <u>jamie.venezia@touro.edu</u>   718.535.9265
	In Israel:
	Ora Dauber   orak29@email.com   058.629.7453



## The Flatbush Society of Fellows Honors Program: Personal Statement

Each applicant is expected to submit 2 original 500 word essays from among the following topics. Any sources you quote must be cited. Please note, if Hebrew phrases or expressions are used, provide a translation in parentheses.

- I. Is education a right, a gift and/or an imperative? What does it mean to be educated?
- II. Write a thank you note to someone past or present to whom you feel indebted.
- III. At what point in your life do you feel you passed from child to adult?



## APPLICANT'S LETTER OF RECOMMENDATION

Student Section (Pleas	e type or print)						
Last Name:		First Name:			Middle		
Initial: Maiden / Other I	: Maiden / Other Name:			Touro ID Number (if known):		T00	
	I hereby waive	, 0	ccess to this recom	mendation.			
Signature:				Date:			
Respondent's Section	(Please print o	or type)					
Last Name:	Fir	st Name: _		Title:			
Signature:				Date:			
Organization:			City, State, Zip:				
To the Evaluator: The Campus in New York, a the applicant has not wa return the completed for 1. How long have you know the complete of the co	nd has asked yo ived the right t rm in a sealed a	ou to evaluate o review this rand signed enve	his/her ability to poating form, you sho	erform exceptio ould consider it i	nal undergradu non-confidentia	ate work. If	
2. Rate the applicant in	anch area listae	l bolow in con	porison with high	school sopiers			
2. Nate the applicant in	Upper 2%	Upper 10%	Upper 25%	Upper 50%	Lower 50%	No Basis to judge	
Intellectual Ability							
Oral Expression							
Written Expression							
Motivation/Initiative							
Cooperation/Team Work							
Emotional Maturity							
Dependability							
Flexibility							



3. (For teac	thers of applicant only) I	would rank this a	ipplicant in:			
the top	% of the approxim	matelyhi	gh school.			
4. Estimate	of potential (please selec	ct the appropriate	e answer):			
as an	undergraduate:	Outstandin	g <b>G</b> ood C	)Above Average(	Average (	Below Average
as a p	orofessional:	Outstandin	g Good C	Above Average	Average (	Below Average
5. Recomm	endation concerning adr	mission (check on	e):			
000	I recommend the appli I recommend the appli I do not recommend th	cant with reserva	tion. (Please ex	. ,		

6. Please provide an additional assessment of the applicant's potential for success as an undergraduate student. Include any particular strengths and weaknesses. We appreciate your candid appraisal. You may use your own letterhead or this sheet.