

## Instructions for Applications to TorahResource Institute

### PREREQUISITE:

**Enrolling for Individual Classes** – Students will need to complete course work, reading assignments, and write papers that would be expected in a typical US college or university.

**Certificate Program** – Each student enrolled in the Certificate Program will need to be able to read and write proficiently, have access to the internet, and listen to audio lectures. Students are accepted on a case by case basis and every student who receives a certificate will need to profess faith in Yeshua the Messiah and live a life that reflects this faith.

**Scholarship or Financial Aid Request** – If you are requesting to be considered for sponsorship or a scholarship please complete the requirements listed below for the certificate program (even if you are not intend to receive a certificate).

### **APPLICATION REQUIREMENTS for all certificate program applicants and financial aid requests:**

The following items must be in the applicant's file before it can be forwarded to the Admissions Committee:

1. Completed Application for Admission— including signature on TWO lines;
2. Three Letters of Recommendation (from each of the following):
  - A member of leadership in your faith community  
(This could be an elder, deacon, rabbi, parent, ect. -- at least 1 letter)
  - Personal (at least 2 separate individuals)

### **Applications for Certificate Program also require:**

1. Official Academic Transcripts sent directly to TorahResource Institute from college and/or seminary from which you have graduated (If applicable).
2. An Autobiographical Essay (3-4 double-spaced typed pages) under the caption: Why I Wish to Attend TorahResource Institute, which will include a description of your life, ministry, abilities, career objective, and personal growth.

The above items may be sent individually or as a complete package. Please send completed application and all other documents to the following:

Email: [StudentServices@torahresource.com](mailto:StudentServices@torahresource.com)

Or by mail it to:  
TorahResource Institute  
PO Box 7701  
Tacoma, WA. 98417  
USA



**Personal Information:**

Have you been convicted of a felony in the past five years?	Y / N
Have you been incarcerated or on probation/parole in the past five years?	Y / N
Have you engaged in misconduct in the past five years?	Y / N
Have you ever been treated for substance abuse/addiction?	Y / N
Have you ever been subject to disciplinary actions in any of the schools you have attended?	Y / N
Do you have outstanding financial obligations with any schools you have attended?	Y / N

If yes is answered to any of these questions, kindly attach a note of explanation.

TorahResource Institute Academic Policy and Core Values are published in our catalog.

By signing the below statement I am stating that I have read, understand, and if I am admitted as a student, I declare the following:

I am in agreement with the Core Values of TorahResource Institute and will seek to uphold them. For enrollment in a Certificate Program: I am in agreement with the doctrinal statement of TorahResource Institute. I will abide by the Academic Policies of TorahResource Institute. I understand that students found to be in violation of the above stated values and policies are subject to disciplinary actions up to and including dismissal from enrolled courses and programs.

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

**Financial Statement:**

I understand that normally all tuition must be paid prior to the start of class. I further understand that if payment options are granted that all tuition must be paid by the end of each course or no credit will be awarded for that course.

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

## Letter of Recommendation - Leadership

<i>General Information (To be complete by the applicant)</i>		Date _____					
Applicants Name	<table style="width: 100%; border: none;"> <tr> <td style="border: none; width: 33%; border-bottom: 1px solid black;">Last Name</td> <td style="border: none; width: 33%; border-bottom: 1px solid black;">First Name</td> <td style="border: none; width: 33%; border-bottom: 1px solid black;">Middle</td> </tr> </table>		Last Name	First Name	Middle		
Last Name	First Name	Middle					
Mailing Address	<table style="width: 100%; border: none;"> <tr> <td style="border: none; width: 70%; border-bottom: 1px solid black;">Address</td> <td style="border: none; width: 30%; border-bottom: 1px solid black;">Apt. #</td> </tr> <tr> <td style="border: none; width: 33%; border-bottom: 1px solid black;">City</td> <td style="border: none; width: 33%; border-bottom: 1px solid black;">State/Province</td> <td style="border: none; width: 33%; border-bottom: 1px solid black;">Postal Code</td> </tr> </table>		Address	Apt. #	City	State/Province	Postal Code
Address	Apt. #						
City	State/Province	Postal Code					
Primary Phone	(    ) _____	Email _____					
Applying For (Circle What Applies):    • Certificate Program    • Financial Aid / Scholarship							

### Evaluation (To be completed by the person recommending)

The Admissions Committee would appreciate an evaluation from you concerning the person above. Your honesty will help us in performing a careful evaluation. Please complete BOTH pages of this form.

Who are you to the applicant (check all that apply)?

- |  |                                   |                                      |
|--|-----------------------------------|--------------------------------------|
| <input type="checkbox"/> Leadership          | <input type="checkbox"/> Teacher  |                                      |
| <input type="checkbox"/> Colleague/Co-Worker | <input type="checkbox"/> Employer | <input type="checkbox"/> Family      |
| <input type="checkbox"/> Friend              | <input type="checkbox"/> Friend   | <input type="checkbox"/> Other _____ |

For this section, please respond to the following based on the best of your knowledge. The applicant must address these same questions on their formal application.

- |  |                                      |
|--|--------------------------------------|
| Has the applicant been convicted of a felony in the past five years?   | <b>Yes / No / No Bases for Eval.</b> |
| Has the applicant been incarcerated or on probation or parole in the past five years?  | <b>Yes / No / No Bases for Eval.</b> |
| Has the applicant engaged in misconduct in the past five years?  | <b>Yes / No / No Bases for Eval.</b> |
| Has the applicant ever been treated with regard to substance abuse/addiction?  | <b>Yes / No / No Bases for Eval.</b> |
| Do you have any reservations with regard to the applicant's decision to pursue Biblical education at this time in his/her life?                  | <b>Yes / No / No Bases for Eval.</b> |
| Please comment on your perception of the applicants strengths, weaknesses, readiness to begin academic study and overall potential for ministry. | <b>Yes / No / No Bases for Eval.</b> |
- (Attach separate page if you prefer)

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*For this section: Please check as many choices as pertain to the applicant*

***Commitment and Character***

- Above Reproach
- Undeveloped in certain areas
- Obvious to others
- Questionable
- No basis for evaluation

***Community Involvement***

- Serves in leadership
- Attends frequently
- Attends occasionally
- No basis for evaluation

***Cooperation***

- Works well with others
- Intimidated in group settings
- Shares responsibility
- Dominates in group settings
- No basis for evaluation

***Sensitivity to others***

- Responsive to needs of others
- Insensitive to feelings of others
- Compassionate, caring
- Impatient with others
- No basis for evaluation

***Emotional Maturity and Stability***

- Accurate self appraisal
- Insecure, poor self image
- Prone to anger
- Exercises self control
- Demonstrates stability
- Emotionally unstable
- No basis for evaluation

***Interpersonal Relationships***

- Approachable, sought out
- Avoided by others
- Tolerated by others
- Initiative, seeks others out
- Withdrawn, avoids others
- No basis for evaluation

***Communication Skills***

- Articulate, effective
- Difficulty in expressing ideas
- Insecure
- Comprehends well
- Argumentative
- No basis for evaluation

***Reasoning and Decision Making***

- Above Reproach
- Undeveloped in certain areas
- Obvious to others
- Questionable
- No basis for evaluation

***Motivation and Perseverance***

- Highly motivated
- Easily distracted/discouraged
- Demonstrates persistence
- Easily swayed by circumstances
- No basis for evaluation

***Responsibility***

- Dependable
- Irresponsible, careless
- Avoids responsibility
- Completes work in timely manner
- Difficulty in managing finances
- No basis for evaluation

**Recommendation**  
 In considering the applicants suitability for academic study and overall potential for ministry, please check one:

Not Recommended     
  Recommended with Reservation     
  Recommend with confidence

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

Name \_\_\_\_\_ Position \_\_\_\_\_

Address \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_

May we contact you, if needed for further information or clarification? Y / N

Please return this form by emailing it to [StudentServices@torahresource.com](mailto:StudentServices@torahresource.com)

Or by mailing it to - TorahResource Institute, PO Box 7701, Tacoma, WA, USA 98417

If you have any questions please contact TorahResource Institute student services at 1-888-547-8889

## Letter of Recommendation - Personal

<i>General Information (To be complete by the applicant)</i>		Date _____	
Applicants Name	_____		
	Last Name	First Name	Middle
Mailing Address	_____		_____
	Address	Apt. #	
	_____	_____	_____
	City	State/Province	Postal Code
Primary Phone	(    ) _____	Email	_____
Applying For (Circle What Applies):    • Certificate Program    • Financial Aid / Scholarship			

### Evaluation (To be completed by the person recommending)

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Who are you to the applicant (check all that apply)?

- |  |                                   |                                      |
|--|-----------------------------------|--------------------------------------|
| <input type="checkbox"/> Leadership          | <input type="checkbox"/> Teacher  |                                      |
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- Attends frequently
- Attends occasionally
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***Cooperation***

- Works well with others
- Intimidated in group settings
- Shares responsibility
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***Sensitivity to others***

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Not Recommended     
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Signature \_\_\_\_\_ Date \_\_\_\_\_

Name \_\_\_\_\_ Position \_\_\_\_\_

Address \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_

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