



# BMC Teachers' College

33 S. Vincent, S. Agathe, Quebec J8C 2A5

(819) 321-1111 Fax: (819) 321-1062

[www.SeminaryBMC.org](http://www.SeminaryBMC.org)

Thank you for your interest in Seminary BMC.

Enclosed please find an application form for Seminary BMC, which should be returned with the following:

1. Completed application form
2. Application fee \$50 (non-refundable)
3. High School transcripts
4. Short essay about yourself and what you want to accomplish in seminary as well as a short description of your hobbies and interests.
5. Two (2) letters of reference
6. Evaluation form filled out by 2 references. Evaluation form will only be accepted if mailed directly by reference.
7. Recent photo of yourself
8. Copy of passport

Please mail the above information to:

Seminary BMC  
 33 S. Vincent  
 S. Agathe, Quebec J8C 2A5  
 Canada

Tel: 819-321-1111 ext. 200

Fax: 819-321-1062

E-mail: [SeminaryBMC@gmail.com](mailto:SeminaryBMC@gmail.com)

After submitting the above, a personal interview will be arranged. The interview will be held in Crown Heights during the 22 Shevat weekend. We will call you to arrange a time for the interview.

Please contact us for any additional information.

Yours truly,  
 Seminary BMC



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## APPLICATION FOR ADMISSION

LAST NAME	FIRST NAME	LEGAL NAME	
DATE OF BIRTH (D/M/Y)	PLACE OF BIRTH	CITIZENSHIP(S)	
ADDRESS			
CITY	STATE/PROVINCE	COUNTRY	POSTAL CODE
APPLICANT'S HOME #	CELL #	EMAIL ADDRESS	
FATHER'S NAME	PLACE OF BIRTH	CITIZENSHIP(S)	
ADDRESS			
FATHER'S HOME #	CELL #	WORK #	EMAIL ADDRESS
FATHER'S OCCUPATION	RABBI/DR/MR.		
BUSINESS NAME & ADDRESS			
MOTHER'S NAME	PLACE OF BIRTH	CITIZENSHIP(S)	
ADDRESS			
MOTHER'S HOME #	CELL #	WORK #	EMAIL ADDRESS
MOTHER'S OCCUPATION	DR. /MRS.		
BUSINESS NAME & ADDRESS			
FAMILY STATUS MARRIED / DIVORCED / WIDOWED			
PERSON RESPONSIBLE FOR TUITION	CELL #	EMAIL ADDRESS	
SCHOOLS / CAMPS ATTENDED			
LIST ALL SCHOOLS YOU HAVE ATTENDED (STARTING FROM ELEMENTARY SCHOOL)			
NAME OF SCHOOL	DATED OF ATTENDANCE	REASON FOR CHANGE	PRINCIPAL TEL
1.			
2.			
3.			
LIST THE TWO MOST RECENT CAMPS YOU ATTENDED OR WORKED FOR			
NAME	DIRECTOR	TEL	
NAME	DIRECTOR	TEL	
ARE YOU UNDER ANY MEDICAL TREATMENT? IF YES, SPECIFY			
ARE YOU ALLERGIC TO ANY FOODS OR MEDICATIONS? IF YES, SPECIFY			
WHAT OTHER SEMINARIES HAVE YOU OR WILL YOU BE APPLYING TO?			
HOW DID YOU LEARN ABOUT SEMINARY BMC?			
PAYMENT \$50 USD APPLICATION FEE			
METHOD OF PAYMENT VISA / MASTERCARD / CHECK / CASH			
CARD HOLDER NAME	NUMBER		
SIGNATURE	EXP DATE		

Please note that the amount showing on your monthly statement might slightly fluctuate based on the exchange rate of the dollar.

**WE CAN NOT PROCESS YOUR APPLICATION UNTIL ALL NECESSARY DOCUMENTS ARE RECEIVED.**



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### EVALUATION FORM

This form is to be filled out by each of your three references.  
 This form must be sent directly from the references. It will not be accepted unless received in a sealed envelope from the reference.

Student's Name \_\_\_\_\_

Name of School \_\_\_\_\_ Number of students in graduating class \_\_\_\_\_  
 School Number \_\_\_\_\_

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

#### Reference Contact Information

Home Phone \_\_\_\_\_ Office \_\_\_\_\_  
 Cell \_\_\_\_\_  
 Best times to call \_\_\_\_\_

#### Directions for the reference:

Please fill out this form and return directly by mail to Seminary BMC.  
 Mailing Address: 33 S. Vincent, S. Agathe, QC J8C 2A5

	<b>Above Average</b>	<b>Average</b>	<b>Below Average</b>
Tznius in dress			
Tznius in conduct			
Attendance			
Punctuality			
Social Skills			
Positive Attitude			
Self-Confidence			
Independence			
Class Participation			
Respects Authority			
Completes Class Work			
Responsible			
Follows Directives			
Concerned for others			
Respect towards peers			
Leadership skills			
Example for others			

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



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Follows Directives			
Concerned for others			
Respect towards peers			
Leadership skills			
Example for others			

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