**Shalom** **Dear Applicant,**

Thank you for your interest in our program. Please find below all information regarding the requirements to successfully complete your registration process for the Kibbutz Ulpan program. We recommend you use it as a checklist.

1. **Fill out FORM 1 (must be typed!): KIBBUTZ ULPAN SUMMER PROGRAM APPLICATION, and send it back to us (email/fax)**
2. **Print & carefully read FORM 2: Participation Agreement, sign it, and send it back to us (email/fax).**
3. **Print & carefully read FORM 3: APPLICANT DECLARATION OF COMMITMENT, sign it, and send it back to us (email/fax).**
4. **Print out, fill out (you and your doctor) the attached Medical Forms (3 pages in PDF format), and send them back to us, signed by you and your physician (email/fax). Please note: We might ask for clarification or additional information based on the medical form. Please also note: failure to disclose all known and relevant medical information before arrival may result in expulsion from the program without refund!**
5. **4 original passport photos** **-** BRING THESE WITH YOU WHEN YOU ARRIVE IN ISRAEL
6. **You may be invited for a face-to-face or phone/Skype interview by one of our representatives.**
7. **Arrange payment for the program (read further details in the "PAYMENT" section below)**
8. **After payment you will receive the acceptance letter from us (PZC Hagshama), and your place in the ulpan is secured.**
9. **VISAS: The regular B2 tourist Visa is issued at the airport upon arrival, and is valid for 3 months. Note that bearers of Israeli passports do NOT need any visa, just a letter of deferral.**

**PAYMENT -** PAY BY BANK TRANSFER (we do **not** accept cheques or credit cards payments yet)

To ensure a place in the program, all due payments have to be in our possession TWO months prior to the beginning of the program. However, if you **complete** your registration process (including payment) before **April 20th 2018**, you will enjoy the EARLY BIRD DISCOUNT, and still pay LAST YEAR'S price.

Make payments available to:

**Bank Name: Bank Hapoalim**

**Bank number: 12**

**Branch number: 524**

**Address of Bank: Ramat Efal, Israel**

**Account name (beneficiary): P.Z.C. Hagshama**

**Account number: 170479**

**IBAN: IL82-0125-2400-0000-0170-479**

**Swift Code: POALILIT**

In some cases, you'll be asked for our address and name, which is:

**PZC Hagshama, 1 Hayasmin St., Ramat-Efal 5296000, Israel**

**Please note:**

* The ordering customer (**you**) pays for the transfer/bank charges (OUR) – Incomplete payment may cause delay in the registration process.
* Name of the PARTICIPANT & THE PROGRAM must be mentioned in the description of the transfer,   
  (**e.g.: JOSHUA LEVY 1-MONTH SUMMER PROGRAM**).
* You must email **(kibbutzulpan@gmail.com)** or fax [**(+972-3-635-2961**](tel:%28%2B972-3-635-2961)**)** us proof of payment (the confirmation document you receive from your bank) so that we can track it.
* How much should you pay?   
  The total cost of the Kibbutz Ulpan Program is **US$ 2,400** (US$ **2,350** for whoever completes the registration process in full by April 20th, 2018). The price includes: accommodation, meals, Hebrew lessons, laundry, trips around Israel and medical insurance for the duration of the program.
* Acceptance will not be confirmed until all documents and payment have been received. Please note that in certain cases we might ask you for additional documentation or evaluation before final placement.
* We will be available for any questions you may have throughout the registration process.

**OTHER IMPORTANT POINTS:**

**Flights & Arrivals:**

* Participants must acquire their own flight ticket.
* Transportation to/from the airport is the responsibility of the participant.
* When entering Israel, the participant will receive from the Border Police (Passport Control) a small blue note. **MAKE SURE YOU KEEP IT IN A SAFE PLACE BECAUSE WE MIGHT NEED A COPY!!!**

**Health Insurance:**

* The insurance is included in the program fee.
* All participants are insured with medical insurance by PZC and the kibbutz only while on the program. We strongly recommend that the participant has medical insurance for the first couple of days upon arrival.
* The insurance enables the participant to purchase medicines at a reduced price in the kibbutz infirmary.
* If a participant needs a certain medicine on a regular basis, we recommend (s)he bring an sufficient supply for the entire period, or alternatively makes prior arrangements so that the medicine will be sent to him/her.
* Once the program is over or if the participant chooses (or is asked) to leave early, they will no longer be covered by PZC/Kibbutz insurance. It is the participant's responsibility to buy adequate medical insurance!
* PZC will not refund expenses due to pre-existing medical conditions beyond what the insurance covers.
* The participant will independently cover any additional costs.

**Valuables:** PZC and the kibbutz are not responsible for any lost or stolen items and will not refund any of the above. We suggest you leave (**small**) valuable belongings in the Ulpan safe or avoid bringing them with you.

**Cell Phones:** PZC Hagshama does not endorse any provider of cell phone services. We recommend checking out the various deals by Israel Phones, Golan Telecom, Cellcom, Rami Levy, 012, Pelefon, etc. Purchase/hiring/use of any kind of phones/sim cards etc.are the participants' responsibility **ONLY**.

We hope to hear from you soon!

*If you have any question, please contact Miki at* [*mail@kibbutzprogramcenter.org*](mailto:mail@kibbutzprogramcenter.org) *or 212-462-2764*

|  |  |
| --- | --- |
| FORM 1: KIBBUTZ ULPAN SUMMER PROGRAM APPLICATION | |
| LAST NAME (just ONE please) |  |
| **FIRST NAME** (just **ONE** please) |  |
| **MIDDLE NAME(S)** if any... |  |
| **DATE OF BIRTH (DD/MM/YY)** |  |
| **PASSPORT NUMBER** |  |
| **GENDER** |  |
| **MARITAL STATUS** |  |
| **RELIGIOUS AFFILIATION** |  |
| **COUNTRY OF BIRTH** |  |
| **HEBREW LEVEL** |  |
| **NATIONALITY** |  |
| **OCCUPATION** |  |
| **HIGHEST DEGREE** |  |
| **ADDRESS** line 1 |  |
| **ADDRESS** line 2 |  |
| **CITY** |  |
| **ZIP CODE** |  |
| **HOME PHONE** |  |
| **WORK PHONE** |  |
| **CELLULAR PHONE** |  |
| **FAX NUMBER** |  |
| **E-MAIL ADDRESS (**of participant**)** |  |
| **E-MAIL ADDRESS** (of 1 parent/guardian) |  |
| **ESTIMATED DATE OF ARRIVAL** |  |
| **How did you hear about our program? (**circle appropriate answer**)** | From Masa Website From Masa Representative From Shaliach  From friend/family From Internet Advertisement From Program Website  At a Fair Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  |

**SEND ALL FORMS TO : +972-3-6352961 (fax), or e-mail address:** [**kibbutzulpan@gmail.com**](mailto:kibbutzulpan@gmail.com)

**Form 2 / PARTICIPATION AGREEMENT**

**Cancellation and Refund Policy:**

**If you cancel... Refund/ Required Payment**

|  |  |
| --- | --- |
| up to one month before the start date of the program | You owe us nothing: Full refund of paid sum **minus** transfer charges |
| within one month before the start date of the program | You owe us US$ 500: Refund of paid sum **minus** $500 OR payment of $500 (if program fee has not been paid yet) |

**If you leave the program... Refund/ Required Payment**

|  |  |
| --- | --- |
| After its beginning... | Sorry... No refunds: You owe us the full price of the program. |

**Responsibility and Participation:**

* The Kibbutz and all related organizing and responsible organizations do not carry responsibility for the participants while on free time and away from the kibbutz.
* The participants are required to behave normatively, maturely, alertly and responsibly at all times
* The participants are required to participate in all aspects of the program. Non-participation may result in expulsion.

**Rules and Regulations:**

* All participants are required to abide by the rules and regulations explained at the start of the program in the kibbutz. Breaking rules and regulations may result in expulsion from the program.
* Use of ANY kind of drugs is illegal and will result in immediate expulsion from the program.
* There is a required security deposit upon arrival to the Kibbutz of 200 NIS (around 50 USD) for damage of kibbutz property, or for unforeseen expenses which will be refunded after the Ulpan, assuming no damage has been done and no expenses were made. Refund of deposit is solely the Ulpan Director's decision. PZC-Hagshama is NOT responsible for refund or non-refund.

**Grounds for dismissal**

* Anti-social and/or destructive behaviour, as determined by program staff in Israel;
* excessive or anti-social use of alcohol;
* any use of or involvement with drugs or narcotics;
* leaving Israel during the program without obtaining permission to do so;
* not fulfilling responsibilities to the kibbutz, including work duties and classes or to the program.

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**Name & Signature of Applicant Name & Signature of parent or guardian Date**

**(Required if applicant is under age 18 on day of signing)**

**Form 3 / APPLICANT DECLARATION OF COMMITMENT**

I, the undersigned applicant, have chosen to participate in the Kibbutz Ulpan Program of my own volition. I have read, understood and agree to be bound by the Statement of Standards and Responsibility (as specified in the Participation Agreement).

I will work on the kibbutz and study Hebrew for the entire term of the program. I understand and agree that in case I do not live up to my commitments, or if I am found unsuitable by the kibbutz, the kibbutz has the right to ask me to leave without assuming responsibility for any additional expenses incurred. I certify that I have read all of the conditions in this application package and all information in this application is correct to the best of my knowledge.

I understand and agree that I must attend all work, travel and study components of the program and that missing any of those is grounds for dismissal. Furthermore, I have read and understood the rules and regulations of the program and agree to follow them and those given to me upon arrival in the kibbutz.

I understand that I will not be allowed to begin the program without paying the amount specified by the organizer.

I understand, and agree, that my signature (and if necessary, my parents'/guardians' signature) is **legally binding** and that I signed all relevant documents of my own volition.

I understand that by signing the Participation Agreement I am **legally bound** to all the conditions in that agreement.

I understand that without proper signatures on any or all documents, I will not be accepted to the program.

I understand that without full payment or full payment arrangements, I will not be accepted to the program.

I am aware of the fact that the medical insurance does not cover pre-existing health problems and any other incidental costs incurred, such as travelling to/from medical centers. Those expenses are solely my, the participant's, responsibility.

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**Name & Signature of Applicant Name & Signature of parent or guardian Date**

**(Required if applicant if under age 18)**