

 $\label{eq:total-condition} Tel: +972-2-5790201, Fax +972-2-5333793$ Email: office@bibletranslators.org , Website: www.bibletranslators.org

JCBT Short Term Program Application Form		
Applicant Information		
Last Name:	First Name:	
Permanent Home Address:		
City, State: Country	y: Postal Code:	
Email Address:		
Telephone number (incl regional codes):	☐ WhatsApp	
Occupation:	Nationality:	
Date of Birth (DD-MM-YY):	Country of Birth:	
☐ Male ☐ Never Married ☐ Married - Number of Children:		
□ Female □ Divorced □ Widowed		
Health Insurance (required):		
□ Self-obtained for non-visa applicants (please send copy of details)		
☐ Included for those requiring a pre-approved visa from JCBT		
Describe any important medical concerns or physical challenges:		
Dietary requirements:		
Contact in case of emergency:		
Passport Information (for visa applicants only):		
Instruction: Please copy all passport information directly from passport		
Name as appears in passport:		
Passport Number:	Place of Issue:	
Date of Expiration:	Religion:	
Father's First Name:	Mother's First Name:	
Previous Last Name (if any):	Previous Stays in Israel	
	Date: Passport no:	
Date of Intended Arrival in Israel:	Date of Intended Departure from Israel:	
City of the Israel Embassy where you will collect you	ur visa:	
Please check carefully, as this information is needed by Israeli Ministry of Interior		

Translation Background and Activities		
Target Translation Language:		
One year of Biblical Hebrew studies or equivalent:	l Yes □ No	
On a separate page, please describe your past and present activities in relation to Bible translation or research. Describe also your anticipated project(s) which may benefit from a stay at the Center.		
Educational Background		
Undergraduate Studies	Graduate Studies	
Name of Institution, City, State/Province, Country:	Name of Institution, City, State/Province, Country:	
Major field of study, Number of years studied:	Major field of study, Number of years studied:	
Degree/Certificate received, Date:	Degree/Certificate received, Date:	
Graduate Studies	Graduate Studies	
Name of Institution, City, State/Province, Country:	Name of Institution, City, State/Province, Country:	
Major field of study, Number of years studied:	Major field of study, Number of years studied:	
Degree/Certificate received, Date:	Degree/Certificate received, Date:	
Additional Instructions		
The following items are required to be submitted with this application form. Please send them in Word or PDF-format.		
 □ Separate page of past/present activities □ One digital photo of applicant, of standard passport size and dimensions □ Scan of passport □ Copy of Health Insurance for stay in Israel for non-visa applicants 		
Extra documents for visa applicants to send in:		
□ Scan of marriage certificate (if applicable) □ One academic recommendation letter, written by someone you have a professional connection with from within your organization or another professional organization		
* JCBT reserves the right to terminate the residence of any individual should unusual problems arise.		
Signature Applicant:	Date:	
	Place:	
Please return form via email to short ter	m registrar: wilma@bibletranslators.org	

Please return form via email to short term registrar: wilma@bibletranslators.org or send to Jerusalem Center for Bible Translators, PO Box 40258, Mevaseret Zion, 9080500, Israel